CITY OF OXFORD

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1966

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Mr. Chairman, Ladies and Gentlemen,

This is my nineteenth Annual Report and is compiled in accordance with Ministry of Health Circular 1/67.

At the request of the Ministry of Health, a special section is included giving details of the co-ordination between the local authority health services and the hospital and family doctor services. Oxford has a long tradition of close and cordial co-operation between the three branches of the health service and every opportunity is taken of extending this.

The annual statistics reveal that the gross cost of the health and welfare services provided by the Health Department is now nearly three-quarters of a million pounds, the net cost being just over half a million pounds. It is hoped that the contents of this Report will show that this large sum of money is being spent wisely.

There has been a further fall in the birth rate, which is now only just above the average for the last ten years. There has been a welcome fall in the illegitimate birth rate but this is still far too high at 11.37%. The stillbirth rate at 8 per 1,000 total births is the lowest ever recorded and is only half the corresponding figure for England and Wales. The neonatal mortality rate was also low, and therefore it is very gratifying that the perinatal mortality rate at 16.12 is also the lowest ever recorded. The infant mortality rate at 16.25 is the third lowest recorded. These very striking results are a great credit to all concerned. There was one maternal death, in a hospital-booked patient.

The death rate was about average for recent years, and remained well below the figure for England and Wales. Deaths due to disease of the heart and circulatory system were fewer, but deaths from cancer, respiratory illness and violence had all increased. Cancer deaths totalled 217, the third highest figure, and of these, 57 were due to lung cancer (45 men and 12 women). There were seven deaths from cancer of the uterus and 19 deaths from cancer of the breast.

The statistical part of the Report is divided, this year, into Mortality and Morbidity Sections. The latter is contributed by Dr. E. D. Acheson, Medical Director, Oxford Record Linkage Study, and is based on hospital in-patient care for Oxford residents during the four years 1962-65. This is a first attempt to give detailed information about some of the important diseases of today as they affect Oxford residents. When interpreting the data given, it is important to have regard to the details of the international classification of diseases, as, for instance, neoplasms include both benign as well as malignant tumours, and respiratory disease includes patients admitted for removal of tonsils and adenoids.

Fluoridation was again discussed at the time of the preparation of estimates but, having regard to the difficult financial situation and to the fact that the newly-constituted Oxfordshire and District Water Board would become operative on the 1st April, 1967, it was decided to take no further action for the time being.

Interest in Health Centres is rapidly increasing. The Blackbird Leys extension, brought into use at the end of last year, provides even better facilities for the team of doctors, nurses, social workers and secretarial staff. The East Oxford and Summertown Health Centres should be in operation by July, 1967. The East Oxford Centre provides facilities for two partnerships, together with local authority services, in a purpose-built building, whilst the Summertown Centre will accommodate a partnership of four doctors, together with local authority services, and is being provided by the conversion of an existing house. Plans are in hand for a Health Centre to serve the Walton Street area and preliminary discussions are taking place concerning the possibility of Health Centres at Cowley and Headington. In addition to Health Centres, the Minchery Farm surgery premises and the Northway and South Oxford Clinic premises continue to provide branch surgery facilities for a number of doctors. Discussions are also taking place as to the feasability of an extension to the West Oxford Community Centre to provide better facilities for both general practitioner and local authority clinic use.

The Ambulance Service became the responsibility of the Joint Ambulance Committee (City and County) as from the 1st April. The Oxford Headquarters are in process of being enlarged, and will then provide garage accommodation for 20 extra vehicles, in addition to an enlarged administrative block. The frequency modulation radio control equipment installed in 1962 continues to give extremely satisfactory results, and a modified link with the Casualty Department at the Radcliffe Infirmary was introduced in October. Once again, there was an increase in patients carried and in total mileage covered, the rapid expansion of day hospital services being mainly responsible. All of the three 12-seater ambulance vehicles, which are fitted with hydraulic lifts to take wheelchairs, were being used to convey geriatric patients to and from Cowley Road Hospital by the middle of February. This has proved to be a most satisfactory arrangement; the time taken by each ambulance load being, on average, about one and a half hours.

This has been the first full year of experience of the general practitioner/nursing staff attachment scheme started experimentally in 1956 and completed in March, 1965. All health visitors, district nurses and domiciliary midwives now work with their general practitioner colleagues in looking after practice patients. Patients, doctors and nurses have all valued this more sensible, effective and professionally satisfying method

of working. At the beginning of the year, the Minister of Health, the Right Hon. Kenneth Robinson, M.P., visited Oxford and discussed the attachment scheme with the doctors and nurses of four practices, and towards the end of the year, the Chief Medical Officer to the Ministry of Health, Sir George Godber, was the guest of honour at an evening reception given by the Lord Mayor in the Town Hall to celebrate the completion of the attachment scheme. An abridged version of Sir George Godber's speech on that occasion is included in this Report.

A full establishment of health visitors has been maintained and the noticeable trend towards increased visiting of the elderly, of mentally-disordered patients, and of those who have been recently discharged from hospital, has continued.

The establishment of district nurses has also been maintained, largely as a result of the recruitment of several married nurses for part-time service. The attachment scheme has uncovered a hidden need, which is shown by a substantial increase in the number of cases nursed, of visits made, and of treatments given. The increasing use of disposable equipment has continued to be of value, both as a precaution against infection and also as a means of economy in the nurses' time. Discussions have taken place on the use of pre-sterilised equipment and it is hoped that such a service can be introduced next year. There has been a substantial increase in the use of incontinence pads. District nurses are now attending regularly for treatment sessions at Blackbird Leys Health Centre and at three surgery premises; all are undertaking purely nursing tasks, but there is an interesting variation in the type of nursing work referred by the practitioners at each of these centres.

The Home Help Service have assisted more people, and more patients have required continuous help throughout the year. A revised assessment scale was introduced. The establishment has been adjusted to take account of reduced hours in the working week.

This has been the first full year of cervical cytology, a comprehensive scheme with no age barrier having been started in March, 1965. A feature of this year's work has been the arrangement by which certain local stores and factories have either provided facilities on their premises for the taking of smears or have facilitated the attendance of their workers at the local authority clinics. The examination of 3,039 women at local authority sessions has brought to light 13 confirmed cases of carcinoma-in-situ, an incidence of 4.3 per 1,000 compared with 5.8 last year and with the frequently quoted figure of 6 to 7 per 1,000.

In September, Mr. Derek Lewis took up his joint appontment of Health Education Officer to the Health and Education Committees. By

the end of the year, he had been able to review the field of work and the resources available, and had reached some conclusions about priorities. There has been a marked and welcome increase in the amount of parentcraft teaching undertaken by teams of family doctors and their attached health visitors and midwives. A new tape recorder was immediately brought into use for inservice training talks on the topical subjects of minor smallpox and the "battered baby" syndrome. The film "Stage O" on cervical cytology has been shown to general practitioners and local authority staff. A new and effective poster, drawing attention to cervical cytology, was designed at the Oxford College of Technology. The Health Department provided two of the displays at the Carfax Information Centre, one dealing with clean air and the other depicting the work of the domiciliary nursing and home help services.

The Domiciliary Occupational Therapy Service has had a most difficult and frustrating year, trying to help a greater number of patients than ever but with a very depleted staff. Both Assistants resigned, one in April and the other in July, and the only response to repeated advertisements was a very welcome part-time Assistant who commenced in September. It is hoped that the staffing position will improve, in spite of the national shortage of occupational therapists, because this is a most valuable domiciliary service for handicapped people.

The Chiropody Service has continued its important work mainly at the Old People's Clubs and Homes, but with a few domiciliary visits to housebound patients. There is a general shortage of chiropodists and we are grateful for the services on a sessional basis of seven local chiropodists, but it is proving more and more difficult to fill vacancies as and when they occur.

On the recommendation of family doctors, 128 applicants on the housing list were investigated, to decide whether any priority could be recommended for their rehousing on medical grounds. The housing shortage continues and it was only possible to provide accommodation for a small number of those recommended.

It was a relatively quiet year for the infectious diseases. There has been no case of diphtheria since 1949, but two patients with Corynebacterium ulcerans were reported during the year. This organism appears to be of very low infectivity as, despite widespread swabbing, no infected contacts were found. This has been a non-epidemic year for measles, over half of the cases occurring in the second quarter. There were two cases of typhoid fever, a Pakistani youth who was infected in his own country, and an Englishwoman who had been living in Kenya. There were three cases of Flexner dysentery, of whom two were Pakistanis both living in large, overcrowded households. There were only 11 cases of food poisoning,

of which nine were sporadic, the remaining two being in a family who had recently returned from Iran. Several outbreaks of variola minor in other parts of the country in the spring and summer created an increased demand for vaccination; no case occurred in Oxford. The Public Health (Leprosy) Regulations, 1966, came into force by which notifications of this disease are in future to be made directly to the Medical Officer of Health; two such notifications have been received.

Notifications of tuberculosis fell to the lowest figure on record, and there was only one death directly attributable to this disease. Ten of the 52 new cases of pulmonary tuberculosis were immigrants. An attempt is made to carry out routine tuberculin testing and chest X-ray examination of all immigrants coming to reside in Oxford. There were five notifications from Oxford Prison as the result of a mass radiography survey. The scheme for offering B.C.G. vaccination to students attending the University and Colleges of Further Education continued for a second year, but this year the work was undertaken centrally, at a clinic, rather than in individual colleges as was the case last year. Towards the end of the year, the Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases reported that their financial resources were now inadequate and a small grant from the City Council has been authorised.

The report from the Venereal Disease Clinic is rather more favourable that in recent years. Total attendances have diminished and the incidence of gonorrhoea in both males and females has declined. There has been a welcome and substantial drop in the number of teenagers suffering from gonorrhoea, and a continuing decrease in the attendance of West Indian and Pakistani patients.

Routine infant immunisation and vaccination continued at a reasonably satisfactory level, namely, smallpox 69%, diphtheria/whooping cough/tetanus 93%, and poliomyelitis 93%. The continuing success in this field is largely attributed to the fact that practically all this important work is undertaken at child welfare clinics where virtually all children are in attendance during their first year of life. The Oxford schedule of triple antigen at the 4th, 5th and 6th months, poliomyelitis vaccine at the 7th, 8th and 9th months, measles vaccine at the 10th and 11th months, and smallpox vaccine at the 12th month, is simple to remember and to understand, and in practice any child can have any vaccination at any clinic at any visit.

Routine measles vaccination commenced on the 1st May, Oxford being one of about eight towns invited by the Medical Research Council to undertake further trials in this country. Measles vaccination is being offered to all children between the ages of ten months and 12 years. A two-dose schedule of killed vaccine followed by live vaccine is being used.

There have been no worrying reactions. At the time of writing this Report, about 50 per cent of those eligible have received vaccine and there can be little doubt that the expected measles outbreak, which started at the beginning of 1967, failed to develop and soon faded out altogether. Short-term protection from measles vaccination is obviously very good. The very few cases of measles which have, so far, occurred amongst vaccinated children have mostly been very mild.

The General Practitioner Maternity Unit at the Churchill Hospital opened in August. Patients are looked after by their general practitioners and attached domiciliary midwives. All the domiciliary midwives hold honorary contracts with the Board of Governors of the United Oxford Hospitals. The Management Committee of the Maternity Unit is representative of all three branches of the Health Service. The opening of the G.P. Maternity Unit, which is fully booked from January, 1967, onwards, resulted in a small increase in the total number of deliveries undertaken by the domiciliary midwives.

There was a welcome decrease in the number of early discharges from hospital, but the planned scheme is still not working smoothly and further discussions have taken place at both the Maternity Liaison and Local Medical Committees to try to bring about improved co-operation. Patients are booking earlier in pregnancy; only 5.3 per cent of those booking for home delivery did so after the 24th week of pregnancy compared with 23.2 per cent in 1963. No local authority antenatal clinics have been held since the end of 1965, the responsibility of this work having been taken over completely by general practitioners, the majority of whom now run their own practice antenatal clinic with an attached midwife or her pupil in attendance. The importance of routine haemoglobin estimations both in pregnancy and in the puerperium is emphasised; the midwives now take the necessary specimens.

There is an increasingly close relationship with the local Family Planning Association and the newly-appointed Regional Secretary of the Association has been housed, at least temporarily, within the Health Department. Weekly family planning clinics are now being held in three local authority clinic premises. The domiciliary service introduced in September, 1965, has continued to be most successful and this appears to be the most effective way of controlling the size of problem families in the future.

32 child welfare clinics are now held each week, of which 13 are taken by general practitioners for their own practice patients. Quarterly staff meetings for all doctors taking part in these clinics have been inaugurated. A new clinic was started in the West Oxford Community Centre towards the end of the year to replace the St. Ebbe's Clinic. An additional clinic

was started in South Oxford in July, and the Rose Hill Clinic now caters also for the neighbouring County area. The total attendances at all clinics again increased, the average number per session being 25. Nearly 60 per cent of the medical work at child welfare clinics was concerned with immunisation and vaccination, the remainder being divided fairly equally between routine medical examinations and consultations about various problems. Requests for the welfare foods decreased quite substantially.

There were 28 infant deaths, five of which were due to bronchiolitis. About 16 per 1,000 children born showed congenital abnormalities, a figure very similar to that of last year. A new urine paper chromatography test for phenylketonuria was introduced as from the 1st January, 1967. It appears to be very accurate, will also diagnose other metabolic disorders, and is far less wasteful of the time of health visitors than the Phenistix method of testing.

There has been a substantial increase in the number of premises registered as private nurseries, and also an increase in the number of daily minders. Playgroups have been extended with the financial help of the "Save the Children Fund". Nearly 100 children, between the ages of two and five years, are now attending the playgroups held at the Slade Park and East Oxford Clinics. Such playgroups fulfil a real need for deprived or potentially deprived children and materially help to promote racial integration.

Admissions to psychiatric hospitals were the highest yet recorded but this was balanced by an equally high discharge rate. Compulsory admissions at 21 per cent were the highest since 1963, but those under Section 29 were fewer and totalled only 8 per cent of all admissions. The special care unit at the Mabel Prichard Junior Training Centre was completed in October and four seriously-handicapped children were attending at the end of the year. The official opening of the Industrial Training Unit on the 2nd May was undertaken by Lord Segal, the Chairman of the National Society for Mentally Handicapped Children. In spite of the "freeze", there has been no shortage of work at the Unit.

A very suitable site for a handicapped persons' centre has been obtained at Rectory Road, St. Clement's. The building of "Longlands", the new Blackbird Leys Old People's Home, has commenced. On the 1st April, responsibility for providing temporary accommodation for families with children was transferred to the Children's Department, thereby anticipating the principle behind most of the recommendations in Ministry of Health Circular 20/66. The number of blind and partially-sighted persons on the registers has remained stationary in recent years. Blindness and partial-sight are now very much disabilities of old age. A review was made of the provision of low visual acuity aids in Oxford. The type

of employment provided at the Blind and Handicapped Workshop was carefully reviewed and, as a result, it was decided to make a change from the traditional trades to a book-finishing service for the printing trade. Once again the Meals on Wheels Service has been extended, nearly 40,000 meals being provided during the year, over half of which were prepared in our Old People's Homes. In this connection, Marston Court and Cutteslowe Court joined Townsend House, Shotover View and Iffley House in supplying meals to their respective areas of the City.

A serious staff shortage hampered progress in the Public Health Inspectors' Division of the Department during the year. The primary inspection of premises registered under the Offices, Shops and Railway Premises Act has nearly been completed and there have been few major problems.

Smoke Control Area No. 5 was confirmed and came into operation in October. The preparation of Smoke Control Area No. 6 in South Oxford is going ahead but this will be a smaller area, on account of the financial situation. No permanent solution has yet been found for the noise and paint odour problems emanating from the British Motor Corporation paint-shop. The proposal of British Rail and the National Coal Board to build a modern solid fuel distribution depot on the site of the old locomotive sheds to the north of Oxford Station was received with apprehension. After the most careful enquiry and after visits to modern plant elsewhere, the scheme was eventually agreed, subject to a number of important requirements as stipulated by the Chief Public Health Inspector.

Mr. H. H. Crawley, City Water Engineer, who for many years has kindly contributed to this Report, retires in March, 1967. Our two Departments have co-operated closely and harmoniously concerning our respective responsibilities, and I am most grateful to Mr. Crawley for the ever-ready assistance and advice I have received from him since 1948. We look forward to continuing this close co-operation with the new Oxfordshire and District Water Board who have appointed Mr. G. W. Fuller, previously Deputy to Mr. Crawley, as their Chief Officer.

The principal feature of housing activity was attention to the problem of the gradual rehabilitation of the Jericho area by a process of clearance, repair and improvement, and in this connection two clearance areas and a compulsory purchase order were presented during the year. Flats will be built shortly on the Cranham Street site and will then be available for rehousing in the area. Very little progress has been made in the direction of improvement grant work, which is most disappointing after the extensive surveys already undertaken. New standards have been introduced for houses in multiple occupation, some of which continue to give rise to concern.

Dr. Ian Taylor

Dr. Bennett ✓ MD 6/7

Dr. Bernie ✓ RAB 6/7

Dr. Owen 1507

You will be interested
in Section IV. Also in the
abridged version of CMO's speech
page 51

A. H. Rodden 5/7/67

Library

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With the Compliments

of the

Medical Officer of Health

Greyfriars

Paradise Street

Oxford

As a result of the shortage of Public Health Inspectors and the increased demands made by the amended Meat Regulations, it was decided, at the end of the year, to employ two authorised Meat Inspectors, one at each of the two licensed slaughterhouses. There has been a sharp increase in liver fluke infestation in sheep. Tuberculosis, as a problem in food animals, has almost ceased to exist. There was a considerable increase in the number of food complaints by members of the public and these resulted in a record number of successful prosecutions. Most of the complaints involved either the presence of foreign bodies in foodstuffs, or were concerned with food which had gone mouldy; both states of affairs being indicative of lack of care and attention in food preparation, storage and distribution.

Problems in connection with Civil Defence continued to occupy the time of some members of the staff of the Health Department.

Your Medical Officer of Health has continued to be a member of the Joint Committee on Vaccination and Immunisation set up to advise the Health Ministers on all the medical aspects of vaccination and immunisation. He has also continued to be a member of the Public Health Laboratory Service Board. He had the honour of being President of the Oxford Medical Society for the session 1965-66, his Presidential Address having the title "Infectious Incidents in Oxford".

Dr. A. I. Blenkinsop, Senior Assistant Medical Officer of Health for General Purposes, resigned on being appointed Deputy Medical Officer of Health for Worcester. Dr. J. H. M. Tilley, Senior Assistant Medical Officer of Health for Welfare Services left to take up the post of Senior Medical Officer to Oxfordshire County Council. Dr. Catherine Hall, Senior Assistant Medical Officer of Health for Maternity and Child Welfare, also resigned in April, 1967, in order to go into general practice in her home town of Bolton: thus all three Senior Assistant Medical Officers of Health have left the Department within the last 14 months. Dr. Blenkinsop very ably furthered progress in connection with vaccination and immunisation, and was an effective medical adviser to the Children's Department. Dr. Tilley successfully pioneered in a post principally concerned with medical responsibility for the care of elderly, infirm and handicapped persons; he also played an important part in the development of the Domiciliary Occupational Therapy and Chiropody Services. Dr. Hall, who came to Oxford after winning the Chadwick Gold Medal at the conclusion of the D.P.H. course at the London School of Hygiene, pioneered the cervical cytology service and played a major role in the development of the GP/nursing staff attachment scheme. All three doctors were popular members of the staff and we wish them well in their future careers.

Miss M. G. Atkinson, Superintendent Nursing Officer, received very well-deserved promotion as Principal Nursing Officer to the West Riding of Yorkshire County Council. Miss Atkinson played an essential part in the development of the Oxford scheme for the attachment of nursing staff to general practitioners, and her marked success in this work demonstrated both her wise diplomacy and her obvious popularity amongst her staff. Miss M. Willis, Senior Health Visitor, left in order to train as a Health Visitor Tutor; on completion of her training she will join the staff of the Health Visitors' Training School at the Oxford College of Technology.

Two members of staff who have given exceptionally long and devoted service reached the age for retirement, namely Miss O. Warburton, Supervisor of the Mabel Prichard Junior Training Centre, and Miss G. Pugh, Senior District Nurse. Miss Warburton opened the first Training Centre in Oxford in 1928, and Miss Pugh has given life-long devotion as a district nurse in the Cowley area. We extend our grateful thanks and best wishes to them in their retirement.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and efficient support I have received from all my staff throughout the year.

Finally, I should like to thank, most sincerely, the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN,

Medical Officer of Health.

SECTION I

(a) COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Councillor Simpson, M.B.E.

Vice-Chairman: Councillor Wilcher, C.B.E., B.Litt., M.A.

Alderman	Mrs. Andrews, M.B.E.	Councillor	Loughran
,,	Bromley	,,	Macbeth, M.A., D.M.
,,	Mrs. Harrison-Hall, J.P., M.B., Ch.B.	,,	Meadows, A.I.S.T., M.R.S.H.
,,	Roberts	,,	Richardson
Councillor	Constable, B.Sc., M.A.	,,	Miss Spokes, M.A.
,,	Dickins	,,	White
,,	Miss Good, M.A.	,,	Williamson, M.A.
,,	Mrs. Harold	,,	Woodward

Mrs. M. Houghton, Mrs. O. Phipps } Representing the Oxford County and City Executive Council.

Mr. A. W. Dent, J.P., representing the United Oxford Hospitals.

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

Chairman: Councillor Dickins.

Vice-Chairman: Alderman Mrs. Andrews, M.B.E.

Alderman	Mrs. Harrison-Hall, J.P., M.B., Ch.B.	Councillor	Richardson
		,,	Simpson, M.B.E.
Councillor	Mrs. Harold	,,	Miss Spokes, M.A.
,,	Meadows, A.I.S.T. M.R.S.H.	,,	Williamson, M.A.

Mrs. A. Campbell, M.A., Mrs. M Dean, M.A. } co-opted

MENTAL HEALTH SUB-COMMITTEE

Chairman: Councillor Meadows, A.I.S.T., M.R.S.H.

Vice-Chairman: Councillor Miss Spokes, M.A.

Alderman	Mrs. Harrison-Hall, J.P., M.B., Ch.B.	Councillor	Simpson, M.B.E.
		,,	Wilcher, C.B.E., B.Litt., M.A.
,,	Roberts	,,	Williamson, M.A.
Councillor	Constable, B.Sc., M.A.	Mrs. M. Houghton	
,,	Mrs. Harold		
,,	Richardson		

Co-opted: Mr. E. E. John: representing the Oxford and District Society for Mentally Handicapped Children.

WELFARE SERVICES SUB-COMMITTEE

Chairman: Councillor Meadows, A.I.S.T., M.R.S.H.

Vice-Chairman: Alderman Mrs. Harrison-Hall, J.P., M.B., Ch.B.

Alderman	Mrs. Andrews, M.B.E.	Councillor	Simpson, M.B.E.
,,	Bromley	,,	Miss Spokes, M.A.
,,	Roberts	,,	White
Councillor	Constable, B.Sc., M.A.	,,	Wilcher, C.B.E., B.Litt., M.A.
,,	Miss Good, M.A.	,,	Williamson, M.A.
,,	Loughran	,,	Woodward
,,	Richardson		

GENERAL PURPOSES SUB-COMMITTEE

The Chairmen and Vice-Chairmen of the Health Committee, and of the Maternity, Child Welfare and Home Services, Mental Health, and Welfare Services Sub-Committees; and Alderman ROBERTS.

Representatives of the Council on City and County Joint Ambulance Committee

Alderman Mrs. HARRISON-HALL, J.P., M.B., Ch.B.
Councillor MEADOWS, A.I.S.T., M.R.S.H.
,, RICHARDSON
,, SIMPSON, M.B.E.
,, WILCHER, C.B.E., B.Litt., M.A.

Representatives of the Council on Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases

Councillor CONSTABLE, B.Sc., M.A.
,, Miss GOOD, M.A.
,, MACBETH, M.A., D.M.
,, MEADOWS, A.I.S.T., M.R.S.H.

HOUSING COMMITTEE

Chairman: Councillor WILLIAMSON, M.A.
Vice-Chairman: Alderman FAGG

Councillor BOWDERY
,, BUXTON
,, INGRAM
,, LOUGHRAN
,, MAGEE
Councillor McKAY
,, OVERALL
,, PARKER
,, Mrs. TRIBE
,, WELFORD

(b) HEALTH DEPARTMENT STAFF

Medical Officer of Health
J. F. WARIN, M.D., D.P.H.

Deputy Medical Officer of Health
R. P. RYAN, M.B., B.S., D.P.H.

Senior Assistant Medical Officers of Health
A. I. BLENKINSOP, M.B., B.S., D.P.H., D.C.H., D.R.C.O.G. (General Purposes) ceased 13.2.66.
E. P. LAWRENCE, M.B., B.Ch., D.P.H., D.T.M. & H. (General Purposes). Transferred from Assistant Medical Officer of Health 14.2.66.
C. E. HALL, M.B., Ch.B., D.P.H., D.C.H., D.R.C.O.G. (Maternity and Child Welfare).
J. H. TILLEY, M.B., B.Ch., D.P.H. (Welfare) ceased 30.6.66.
G. E. LEYSHON, M.B., Ch.B., D.P.H. (Welfare) Transferred from Assistant Medical Officer of Health 24.6.66.

Assistant Medical Officers of Health
V. M. HOLLYHOCK, M.B., B.Ch., commenced 1.4.66 (D.P.H. Course from October)
K. C. KEWISH, M.R.C.S., L.R.C.P., commenced 18.7.66.
E. P. LAWRENCE, M.B., B.Ch., D.P.H., D.T.M. & H., Transferred to Senior Assistant Medical Officer of Health 14.2.66.
G. E. LEYSHON, M.B., Ch.B., D.P.H. Transferred to Senior Assistant Medical Officer of Health, 24.6.66.
M. J. O'SULLIVAN, M.R.C.S., L.R.C.P., D.P.H.
C. M. PHILLIPS, B.M., B.Ch. (Part-time).

Consultant Chest Diseases (part-time)
F. RIDEHALGH, M.D., F.R.C.P.

Principal Dental Officer
C. H. I. MILLAR, B.Sc., L.D.S.

Chief Public Health Inspector
W. Combey, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (*a*) (*b*) (*c*) (*d*)

Deputy Chief Public Health Inspector
S. J. Garrod (*a*) (*b*) (*c*) (*d*)

Senior Public Health Inspectors
R. Crossley (*a*) (*b*) (Housing)
K. England (*a*) (*b*)
K. O. Keighley (*a*) (*b*)
J. P. Mullard (*a*) (*b*)
J. G. Scott (*a*) (*b*) (*e*)
D. Watson (*a*) (*b*) (*d*)

District Public Health Inspectors
P. R. Davis (*f*) ceased 15.9.66
A. W. Flockhart (*a*) (*b*) Scotland (On University Course)
I. F. King (*b*) (*f*)
N. M. Newton (*b*) (*d*) (*f*) ceased 31.10.66.
D. G. Saffin (*g*)

(*a*) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.
(*b*) Meat and Food Inspector's Certificate, Royal Society of Health.
(*c*) Sanitary Science Certificate, Royal Society of Health.
(*d*) Smoke Inspector's Certificate, Royal Society of Health.
(*e*) Testamur of Institute Public Cleansing.
(*f*) Public Health Inspector's Certificate, Public Health Inspector's Joint Board.
(*g*) Public Health Inspector's Diploma, Public Health Inspector's Education Board.

Technical Assistants
J. A. Wirdnam, City and Guilds Certificate (Plumbing).
P. Wainwright, City and Guilds Certificate (Plumbing).

Pupil Public Health Inspectors: 3.

Pest Control Officer
G. A. Williamson, commenced 1.8.66.

Pest Control Operators
M. Watford, commenced 1.8.66, ceased 3.11.66.
K. R. Dalton, commenced 15.8.66
A. G. Barnsley, commenced 8.11.66

Superintendent Nursing Officer
Miss M. G. Atkinson, D.N. (*a*) (*c*) (*d*) (*e*), ceased 18.9.66.
*Miss E. Gilbertson (*a*) (*c*) (*d*), Transferred from Senior Mental Health Officer 21.11.66.

Deputy Superintendent Health Visitor
Miss G. Davies, D.N. (*a*) (*c*) (*d*)

Senior Health Visitors
Miss J. Barnett (*a*) (*c*) (*d*)
Miss N. Crookall (*a*) (*d*)
Miss M. Willis (*a*) (*c*) (*d*) (Health Visitors Tutors Course from October)

Health Visitors
Miss E. J. Blackler (*a*) (*c*) (*d*)
Miss D. Bree (*a*) (*c*) (*d*) Acting Senior Health Visitor from 15.9.66
Miss P. A. Broadbent (*a*) (*c*) (*d*)
Miss M. Brown (*a*) (*c*) (*d*) (*e*)
Miss M. R. Carpenter (*a*) (*c*) (*d*) (*e*) Temporary from 15.9.66
Mrs. D. A. Dowling (*a*) (*d*)
Miss E. Dudson (*a*) (*c*) (*d*) (*e*)
Mrs. J. M. Davis (*a*) (*c*) (*d*)
Mrs. B. C. Hallett (*a*) (*c*) (*d*)
Miss K. J. Hayes (*a*) (*c*) (*d*)

Miss G. M. Lawrence (*a*) (*c*) (*d*)
Miss H. Rankin (*a*) (*c*) (*d*)
Miss H. L. Robinson (*a*) (*c*) (*d*)
Miss D. R. Tattersall (*a*) (*c*) (*d*)
Miss C. Turchi (*a*) (*c*) (*d*) (*e*)
Miss M. Witten-Hannah (*a*) (*d*)
Mrs. M. Scott (*a*) (*c*) (*d*) Temporary, ceased 31.10.66

Student Health Visitors
5 1st year. 4 2nd year.

Non-Medical Supervisor of Midwives
Miss P. Millar (*a*) (*c*)

Assistant Non-Medical Supervisor of Midwives
Miss D. B. Innes (*a*) (*c*)

Senior District Midwife
Miss M. E. Viner (*a*) (*c*)

Midwives
Miss P. D. Daymond (*a*) (*c*)
Miss M. C. Fisher (*a*) (*c*)
Miss J. Hepworth (*a*) (*c*)
Miss M. E. Nicholas (*a*) (*c*)
Miss D. R. Padwick (*a*) (*c*)
Miss M. M. Pim (*a*) (*c*) commenced 24.1.66
Miss M. R. Powell (*a*) (*c*) ceased 23.1.66
Miss D. E. Reeve (*a*) (*c*)
Mrs. A. E. Godfrey (*c*) Part-time
Mrs. B. L. Kewish (*a*) (*c*) (Part-time) commenced 1.8.66
Mrs. J. Thompson (*a*) (*c*) Part-time

Deputy Superintendent District Nurses
Mrs. M. Angell (*a*) (*e*)

Senior District Nurses
Miss W. Dunlop (*a*) (*c*) (*e*)
Mrs. E. Mobey (*a*) (*c*) (*e*)
Miss G. Pugh (*a*) (*e*) Retired 31.12.66

District Nurses
Mrs. V. N. Carter (*a*) (*c*) (*d*) (*e*)
Mrs. M. R. Coxhill (*a*) (*e*) commenced 3.5.66
Mrs. W. J. Evans (*a*) (*e*) commenced 3.5.66
Mrs. G. M. Kirk (*a*)
Miss B. Moss (*a*) (*e*)
Miss B. M. Parker (*a*) (*e*)
Miss E. J. Plummer (*b*) commenced 24.8.66
Mrs. R. Quigley (*a*)
Miss E. Schroeder-Etzdorf (*a*) (*c*) commenced 3.1.66, ceased 30.4.66
Miss J. E. Simpson (*a*) (*e*) commenced 6.9.66, ceased 21.11.66
Mrs. Y. K. Sorenson (*a*) (*e*) ceased 12.11.66
Miss M. G. Symonds (*a*) (*c*) (*e*) commenced 1.10.66
Mrs. M. E. Thompson (*a*) (*c*)
Miss M. G. Tilling (*a*) (*c*) (*e*) commenced 4.4.66
Miss E. W. Turrill (*a*) (*c*)
Miss A. A. Ward (*a*) (*c*) (*e*) commenced 16.8.66
Miss R. Woodward (*a*) (*e*)
Mrs. C. Barker, Nursing Orderly (Part-time)

Part-time Nurses: 13

Student District Nurses: Nil

Nurses and Midwives' Headquarters
Miss E. Hay, Warden/Housekeeper

Mother and Baby Hostel
Mrs. B. Humphries (*a*) (*c*) Matron
Miss F. Bolton (*f*) Deputy Matron.
Miss F. A. Goddard, C.C.R. Nurse (Part-time)

Nurseries
Botley Road Day Nursery
Miss G. M. Nixey (*f*). Matron
Miss G. M. Thomas (*f*). Deputy Matron
Two Nursery Nurses

Florence Park Day Nursery
Mrs. E. Pearce (*a*) (*c*). Matron
Miss G. M. Harris (*f*). Deputy Matron.
Two Nursery Nurses

Home Help Service
Miss P. Urban-Smith, Organiser
Miss K. Thicke, Assistant Organiser

Occupational Therapists
Miss J. A. Gould, S.R.O.T., Head Occupational Therapist.
Mrs. M. M. Brockett, S.R.O.T., Assistant Occupational Therapist, ceased 30.4.66
Mrs. J. Treen, S.R.O.T., Assistant Occupational Therapist, ceased 31.7.66.
Mrs. E. C. Knight, S.R.O.T., Assistant Occupational Therapist, commenced 1.9.66 (Part-time)

Medical Social Workers
Mrs. D. Hicks (Chest Diseases) (part-time)
Miss B. Piesse (Venereal Diseases) (part-time)

Mental Health
*D. A. Purrett, Chief Mental Health Officer
*Miss E. Gilbertson (*a*) (*c*) (*d*) Senior Mental Health Officer (Transferred to Superintendent Nursing Officer 21.11.66)
Miss J. M. Brice, Mental Health Officer (Temporary)
L. A. Clinkard, Mental Health Officer
D. W. Mackintosh, Mental Health Officer
F. F. Vipond, Mental Health Officer
D. E. Hoe, Trainee Mental Health Officer
J. T. Nix, Trainee Mental Health Officer
*Declaration of Recognition of Experience, Council for Training in Social Work

Training Centre
Miss O. Warburton, Supervisor
Miss V. Butt, Senior Assistant Supervisor. Commenced 26.9.66
Mrs. E. Allen, Assistant Supervisor
Mrs. M. Corrigan, Assistant Supervisor
Mrs. B. Grant, Assistant Supervisor
Mrs. J. Webberley, Assistant Supervisor
Mrs. M. E. Finlay, Nursery Assistant

Industrial Training Unit
I. J. Price, Manager
J. A. Hope, Senior Instructor
Mrs. M. M. Baker, Instructor. Commenced 19.10.66.
A. Elvidge, Instructor
Mrs. M. Head, Instructor
Mrs. R. S. Price, Instructor

St. Nicholas House (*Hostel for sub-normal children*)
Mrs. S. G. Davis, Superintendent
Mrs. E. M. Burton, Housemother
Mrs. F. P. Cowley, Assistant Housemother
Mrs. J. E. Foster, Assistant Housemother
Miss S. Morford, Assistant Housemother
Mrs. V. M. Vipond, Assistant Housemother

Welfare Services

*J. C. Davenport, Chief Welfare Services Officer
†R. J. Crane, Deputy Chief Welfare Services Officer
*J. Clarke, Senior Welfare Services Officer
Miss A. C. Herbert (*a*) Senior Welfare Services Officer
P. L. Hunt, Senior Welfare Services Officer (Welfare of the Deaf)
†M. H. Stanley, Welfare Services Officer
Mrs. M. Dale (*a*) Welfare Assistant (Old People's Welfare)
Mrs. E. Godfrey (*a*) Welfare Assistant (Old People's Welfare)
Miss R. Waddle, Welfare Assistant (Welfare of the Deaf)
D. J. Calder, Trainee Welfare Officer. Commenced 14.2.66.
Miss M. Ford, Trainee Welfare Officer.
A. J. Furze, Trainee Welfare Officer
Miss M. M. Thompson, Trainee Welfare Officer (Welfare of the Blind). Commenced 1.8.66.
Miss A. D. Cramford, Craft Instructress. Commenced 19.9.66. (Temporary)
Miss P. M. Dell, Craft Instructress
Miss J. Baron, Home Teacher to the Blind. (Social Workers' Course from September)
Mrs. E. Dean, Home Teacher to the Blind
N. Bowley, Superintendent of Handicapped Workshop
M. Trafford, Foreman of Handicapped Workshop
Mrs. D. Manson, Sales Assistant, Handicapped Retail Shop (part-time)
Mrs. E. S. Quick, Sales Assistant, Handicapped Retail Shop (part-time)
Miss B. Singleton, M.Ch.S., Chiropodist (part-time)
R. Wilson, Laundry Engineer

*Declaration of Recognition of Experience, Council for Training in Social Work.
†Certificate, Council for Training in Social Work.

Old People's Homes

Barton End

Mrs. M. C. Collison (*b*). Matron
Mrs. B. P. Leahy (*b*). Deputy Matron

Cutteslowe Court

Mrs. E. Pratt (*a*). Matron
Mrs. C. M. Avery (*a*). Deputy Matron

Frilford House

J. Cherry, M.B., B.S., Medical Officer (part-time)
Miss P. F. Sirman (*b*). Matron
Mrs. D. Masterton (*b*). Deputy Matron. Ceased 9.3.66
Miss E. Holden, R.S.C.N., Deputy Matron, commenced 1.11.66

Iffley House

Mrs. L. Watford (*b*). Matron
Mrs. E. G. Fidler (*b*). Deputy Matron

Marston Court

Mrs. M. Swain (*a*). Matron
Mrs. T. M. Darbyshire (*b*). Deputy Matron. Ceased 17.8.66
Mrs. P. Lockwood (*b*). Deputy Matron. Commenced 17.8.66.

Oseney Court

Mrs. A. E. Coulter-Smith (*b*). Matron
Miss D. Broome (*b*). Deputy Matron from 1.4.66.

Shotover View

Mrs. M. A. Bulbeck (*b*). Matron
Mrs. M. E. Kelly, R.M.N., Deputy Matron. Ceased 18.5.66
Mrs. E. M. Williams (*a*) (*c*). Deputy Matron. Commenced 9.7.66. Ceased 7.12.66

Townsend House

Mrs. L. Templeton (*a*). Matron
Miss M. Gillespie (*b*). Deputy Matron

Relief Deputy Matron, Old People's Homes
Mrs. J. R. Tyler (*a*). Commenced 1.5.66
Mrs. M. Flatman (*b*). Commenced 1.5.66

Administrative
H. G. Annely, Chief Administrative Assistant.
T. D. Thomson, Senior Administrative Assistant.
L. C. Stockford, Senior Administrative Assistant (Welfare Services).
W. J. Gibbs, Administrative Assistant (General Purposes).
L. N. Tutt, Administrative Assistant (Mental Health).
E. W. Woodwards, Administrative Assistant (Public Health Inspector's). Ceased 15.12.66.
Miss M. V. Crabb, Medical Officer of Health's Secretary.
Mrs. S. M. Stevenson, Chief Welfare Services Officer's Typist/Secretary.
Mrs. J. A. Taylor, Chief Public Health Inspector's Typist/Secretary.
B. Ealey, Senior Clerical Assistant (Welfare Services).
P. C. Gomm, Senior Clerical Assistant (Welfare Services).
Mrs. S. E. Briggs, Clerical Assistant (Public Health Inspector's).
Miss M. Garrett, Clerical Assistant (Welfare Services).
Mrs. B. M. Grant, Clerical Assistant (Welfare Foods).
Miss N. M. Johnson, Clerical Assistant (Health Visitor's).
Miss H. M. Mitchell, Clerical Assistant (Maternity, Child Welfare, and Infectious Diseases).
Miss J. Little, Clerical Assistant (Welfare Services) from 1.2.66.
Miss N. L. Neale, Clerical Assistant (Welfare Services).
Miss I. Stone, Clerical Assistant (Vaccination and Immunisation).
Miss M. M. Snowden, Clerical Assistant (Home Help).
Mrs. S. M. Townsend, Clerical Assistant (Mental Health).
Miss M. E. Wood, Clerical Assistant (District Nurses and Midwives).
Mrs. D. Devonport, Shorthand-Typist (Health Education and Welfare). Part-time commenced 10.10.66.
Miss D. Skinner, Shorthand-Typist (Welfare Services).
Mrs. C. Tasker, Shorthand-Typist/Clerk (Cervical Cytology).
Miss J. Wilmer, Shorthand-Typist (Public Health Inspector's) .
Mrs. B. Parratt, Secretary/Receptionist, Blackbird Leys Health Centre.
Mrs. S. Roberts, Clerk/Receptionist, Blackbird Leys Health Centre (part-time). Commenced 31.10.66.
Mrs. E. Thomson, Clerk/Receptionist, Blackbird Leys Health Centre.
N. J. Kennedy, Administrative Trainee (Welfare Services)
Miss J. A. Little, Administrative Trainee (Welfare Services). Transferred to Clerical Assistant 1.2.66.
Miss D. Rees, Administrative Trainee (Welfare Services). Commenced 1.4.66.
R. P. White, Telephone Operator.
14 Clerks, General Division.
Four Vehicle Drivers.

(*a*) State Registered Nurse.
(*b*) State Enrolled Nurse.
(*c*) State Certified Midwife.
(*d*) Health Visitors' Certificate.
(*e*) Queen's Nurse.
(*f*) Certificated Nursery Nurse.

(c) OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		Telephone No.	
Main Office (Health and Welfare)	Greyfriars, Paradise Street	Oxford	47212
Mental Welfare	14 Castle Street	,,	,,
Immunisation and Vaccination Welfare Foods	24 Church Street, St. Ebbe's	,,	,,
Health Visitors	3 Castle Terrace, St. Ebbe's	,,	,,
District Nurses, Headquarters	39/41 Banbury Road	,,	57721
Branch Homes	23 Hollow Way, Cowley	,,	79382
	79 St. Leonard's Rd., Headington	,,	62321
Domiciliary Midwives Headquarters and Hostel	39/41 Banbury Road	,,	55400
Home Helps	29/31 George Street	,,	49811
Public Health Inspector's	36 Pembroke Street, St. Aldate's	,,	49811
Health Centre	Blackbird Leys Estate, Cowley	,,	78244
Botley Road Day Nursery	Botley Road	,,	43492
Florence Park Day Nursery	Florence Park	,,	77286
Mother and Baby Hostel	Clark's Row, St. Aldate's	,,	43072
Handicapped Workshop Retail Shop Domiciliary Occupational Therapy	12 Woodstock Road	,,	57602
Barton End Old People's Homes	Barton Road, Headington	,,	62829
Cutteslowe Court	Wyatt Road, Summertown	,,	54446
Frilford House	Frilford Heath, Nr. Abingdon, Berks	Frilford Heath	238
Iffley House	Iffley Turn	Oxford	78141
Marston Court	Marston Road	,,	41526
Oseney Court	Botley Road	,,	44592
Shotover View	Horspath Road, Cowley	,,	78468
Townsend House	Bayswater Road, Headington	,,	62232
Homeless Family Unit	Slade Park, Headington	,,	78711
St. Nicholas House	St. Nicholas Road, Littlemore	,,	77855
Training Centre	St. Nicholas Road, Littlemore	,,	77878
Industrial Training Unit	Brasenose Driftway, Cowley	,,	79570
Ambulance Headquarters	Churchill Drive, Old Road, Headington	,,	61336

(d) CLINICS

1. *Cervical Cytology*

Bury Knowle House, Old High Street, Headington	Friday	9.30 a.m.—12 noon
East Oxford Centre, 151a Cowley Road	Tuesday	9.30 a.m.—12 noon
60 St. Aldate's	Thursday	9.30 a.m.—12 noon

2. *Child Welfare*

Blackbird Leys Health Centre, Cowley	*Tuesday	2—4 p.m.
	*Wednesday	10—11 a.m.
	Wednesday	2—4 p.m.
	*Thursday	2—4 p.m.
British Legion Hall, Hadow Road, New Marston	Wednesday	2—4 p.m.
Bury Knowle House, Old High Street, Headington	*Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
	*Friday	2—3 p.m.
Clinic Premises, Albert Street, St. Barnabas	Monday	2—4 p.m.
	*Wednesday	2—4 p.m.
Clinic Premises, Lake Street, Hinksey	*Tuesday	2—4 p.m.
	Friday	2—4 p.m.
Clinic Premises, Maltfield Road, Northway Estate	Thursday	2—4 p.m.
Clinic Premises, South Parade, Summertown	Tuesday	2—4 p.m.
	*Wednesday	2—4 p.m.
	Thursday	10 a.m.—12 noon
Clinic Premises, Temple Road, Cowley	Monday	2—4 p.m.
	*Tuesday	2—4 p.m.
	*Wednesday	9—11 a.m.
Community Centre, Binsey Lane	Tuesday	2—4 p.m.
Community Centre, Underhill Circus, Barton Estate, Headington	Wednesday	2—4 p.m.
Community Centre, The Oval, Rose Hill	Thursday	2—4 p.m.
Donnington School Clinic, Henley Avenue	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
	*Friday	2—4 p.m.
East Oxford Centre, 151a Cowley Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Slade Park Clinic, 2nd Avenue, Slade Park	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
Village Hall, Wolvercote	Thursday	2—4 p.m.
Surgery Premises, 217 Iffley Road	*Wednesday	2—4 p.m.
Surgery Premises, 12 Old High Street, Headington	*Wednesday	2—3 p.m.

* General Practice Clinic

3. *Immunisation and Vaccination*

24 Church Street, St. Ebbe's (also at Child Welfare Clinics)	Tuesday	2 p.m. (by appointment)
Yellow Fever, 24 Church Street, St. Ebbe's	Tuesday	2 p.m. (by appointment)

4. *Dental*

60 St. Aldate's (by appointment)

(e) CO-OPERATION OF THE HEALTH DEPARTMENT SERVICES WITH THE HOSPITAL AND FAMILY DOCTOR SERVICES

In Ministry of Health Circular 1/67, it was particularly requested that information should be given with regard to the co-ordination and co-operation of the Health Department services with the hospital and family doctor services including attachment or liaison schemes between the Health Department's domiciliary staff and family doctors. The Oxford Health Department has a long tradition of close and cordial co-operation with the hospitals and general practitioner services. The details of the present position are summarised under the following headings:—

1. The Local Authority and the Hospital and Specialist Services

(A) The United Oxford Hospitals

(i) The Medical Officer of Health continues to hold a part-time appointment as Consultant in Infectious Diseases with clinical charge of 25 beds at the Slade Hospital. He has been appointed Lecturer in Public Health and Infectious Diseases for the University of Oxford and is responsible for the teaching of medical students in both these subjects. The Deputy Medical Officer of Health undertakes these consultant and teaching responsibilities in the absence of the Medical Officer of Health. The Senior Assistant Medical Officer for Maternity and Child Welfare is also a Clinical Lecturer with responsibilities for teaching medical students. All the other medical staff of the Health Department are linked closely with the Infectious Disease Department.

(ii) The Medical Officer of Health and his Deputy are both members of the Medical Staff Council and of the Physicians and Health and Hygiene Sub-Committees. The Medical Officer of Health is also a member of the Radiological Hazards Committee.

(iii) Health Visitors are closely linked with the hospitals in many ways. Regular visits are made to the two maternity departments. A health visitor attends paediatric outpatients and others attend the asthma and diabetic clinics. Two health visitors are allocated on a half-time basis each to the Chest Clinic, and another acts as liaison officer with the V.D. Clinic.

(iv) The Health Department works closely with the hospital medico/social workers and part-time payment is made to the salaries of those responsible for the Chest and V.D. Clinics.

(v) The Senior Consultant Chest Physician holds a part-time appointment with the City Council. There is a close working arrangement with many other consultants including:—

(*a*) ophthalmologists with regard to the certification of blind and partially-sighted persons, and the refraction of school children;

(*b*) otolaryngologists in connection with deafness in adults and children;

(*c*) obstetricians in connection with the domiciliary maternity service, the provision of the "flying squad", domiciliary cases for medical students and the training of Part II pupil midwives;
(*d*) gynaecologists and cytologists in connection with cervical cytology;
(*e*) paediatricians with particular reference to the follow-up of children discharged from hospital including premature babies;
(*f*) venereologists in connection with the V.D. Service;
(*g*) dermatologists with particular reference to scabies and leprosy;
(*h*) physical medicine with particular reference to remedial exercises, domiciliary physiotherapy, domiciliary occupational therapy, rehabilitation and help with regard to looking after disabled persons at home;
(*i*) accident surgeons with particular reference to the Ambulance Service and to health education aimed at the prevention of accidents;
(*j*) geriatricians with particular reference to developments at Cowley Road Hospital including extensive day hospital facilities. A district nurse attends Cowley Road Hospital regularly to act as a link between hospital and home care for elderly persons;
(*k*) bacteriologists with particular reference to collaboration in the investigation of infectious disease problems and the routine examination of water, food and other specimens submitted to the Public Health Service Laboratory.

(vi) The Ambulance Service has been developed in the closest co-operation with the hospital service. Radio control was introduced at a very early stage and a direct hospital link to Casualty provided more recently. A new Ambulance Depot has been provided at the Churchill Hospital and this is in process of being extended. The hospitals were one of the first in the country to provide a special Ambulance Officer with headquarters at the Radcliffe Infirmary.

(B) The Oxford Regional Hospital Board

(i) *Medical Advisory Committee*

The Medical Officer of Health is a member of the Midwifery Sub-Committee of the Medical Advisory Committee and also of the Medical Officer of Health Liaison Committee.

(ii) *Hospital Management Committees.*

(*a*) *Warneford and Park Hospitals.* The Medical Officer of Health is a member of the Management Committee.

The Consultant Child Psychiatrist is responsible for the medical direction of the City Child Guidance Service.

A hospital special school has been in existence for a few years at the Park Hospital.

(*b*) *Littlemore Hospital.* The Deputy Medical Officer of Health is a member of the Management Committee.

A very close liaison has developed at both the Warneford and Littlemore psychiatric hospitals between the local authority doctors, mental health officers, health visitors, and the hospitals staff.

(*c*) *Nuffield Orthopaedic Centre.* The Medical Officer of Health is a member of the Medical Staff Committee. A hospital school is provided by the local education authority.

(iii) *Mass Radiography.*

A regional mass radiography unit visits the City routinely every third year and on other occasions according to need.

2 The Local Authority and the General Practitioner Services

The domiciliary health services comprise both general practitioner and other services under the Executive Council, and services provided by the local authorities. Both Executive Council and local authority services are complementary to each other and should certainly work in the closest possible co-operation; in fact, ideally they should be fused. For many years, the relationship between the general practitioner and local authority health services in Oxford has been close and cordial, and every opportunity has been taken to draw them closer together. The following is a summary of the present position:—

(*a*) The Medical Officer of Health is a member of the Local Medical and Local Obstetric Committees and has found both to be most valuable towards furthering good relationships.

(*b*) It is accepted that the general practitioner should be the leader of the domiciliary team and in recent years every effort has been made to facilitate this by attaching local authority nursing staff to general practices. This scheme started with an experimental full-time attachment of a health visitor in 1956. Further attachments followed as requests were received from general practitioners, at first slowly but with increasing momentum until the whole scheme was complete towards the end of 1963. An experimental attachment of a district nurse was started in 1963 and this was so successful that further attachments quickly followed until this scheme also was completed in March, 1965. In the meantime, all domiciliary midwives had also been attached. The position was, therefore, reached in March, 1965, that all nursing staff were attached to general practitioners rather than geographical districts. For the last two years all practices in Oxford have had a health visitor, district nurse and midwife either whole-time or part-time according to need. The completion of this most successful experiment is referred to elsewhere in this Report. Patients, doctors and nurses all prefer this new way of working which has very many advantages and very few disadvantages.

(*c*) For many years, every opportunity has been taken to provide joint premises for use by general practitioners and local authority. About ten years ago, new clinic premises to serve the Northway housing estate were made available for branch surgery purposes. A year or two later, the Housing Committee provided a new building for branch surgery purposes as part of the essential amenities on the Minchery Farm housing estate. A health centre was opened in 1960 to serve the largest of the new City housing estates at Blackbird Leys. A second purpose-built health centre to serve the East Oxford area is due to open in July this year, and a third health centre to serve the Summertown area should also be ready by July. The latter is being provided by the conversion of an existing house. Clinic premises in the South Oxford area have recently been enlarged and are now also being used as a branch surgery.

The success of the attachment scheme has given rise to an appreciation by the general practitioners that the domiciliary team functions best in purpose-built premises. This has resulted in a very great interest in the provision of health centres and three more are under active consideration at the moment.

(*d*) The Mental Health and Welfare Divisions of the Health Department are in close touch with family doctors and are doing a great deal to help people in their own homes.

(*e*) There is an active domiciliary occupational therapy service for home-bound patients, and the occupational therapists maintain close contact with family doctors.

(*f*) The domiciliary maternity services are completely integrated. For many years, all mothers making arrangements for a home confinement have booked both midwife and doctor. No local authority antenatal clinics are now held, as this work has been taken over entirely by general practitioners, who hold 16 weekly antenatal clinics at their surgery premises with the domiciliary midwives in attendance. A newly-built general practitioner maternity unit opened last year, in the grounds of the Churchill Hospital, and all domiciliary midwives have been given honorary contracts by the United Oxford Hospitals so that they can accompany their attached general practitioner colleagues and look after their patients in the Unit.

(*g*) Another success of the general practitioner/nursing attachment scheme has been the rapidly-developing interest of general practitioners in preventive work. 40% of the local authority child welfare clinics are now taken by general practitioners, but each of these is restricted to the attendance of practice patients. At these clinics, practically all immunisation and vaccination procedures are undertaken. In addition, general practitioners are playing an increasing role in cervical cytology with the help of their attached nursing staff and also in running parentcraft training courses.

SECTION II

STATISTICS

(a) Births and Deaths

Report by H. G. ANNELY
Chief Administrative Assistant

SUMMARY

Area of City	8,785 acres
Population (estimated mid-year 1966)	109,510
Number of inhabited houses at 31.3.66	30,405
Rateable value of City at 31.3.66	£6,694,436
Product of a penny rate for 1965/66	£27,938

Total cost of all health services 1965/66:—

	Gross £	*Net* £
Public Health Services	43,150	42,381
Local Health Authority Services	366,956	308,384
Welfare Services	321,105	201,411
	£731,211	£552,176

	City of Oxford	*Average*	*England and Wales*
Live births:—	1966	1956-65	1966
Number	1,723		850,000
Rate per 1000 population (Recorded)	15.73	15.36	
Rate per 1000 population (as adjusted by comparability factor 0.93)	14.62		17.7
Illegitimate live births per cent of total live births	11.37	9.32	
Stillbirths:—			
Number	14		13,300
Rate per 1000 total live and stillbirths	8.0	14.74	15.4
Total live and stillbirths	1,737		863,300
Infant deaths (deaths under 1 year)	28		16,147

	City of Oxford	*Average*	*England and Wales*
Infant mortality rates:—	1966	1956-65	1966
Total infant deaths per 1000 live births	16.25	17.98	19.0
Legitimate infant deaths per 1000 legitimate live births	17.68	17.24	
Illegitimate infant deaths per 1000 illegitimate live births	5.10	20.74	
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births)	8.70	12.33	12.9
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	8.12	11.23	11.1
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths)	16.12	25.50	26.3
Maternal mortality (including abortion)			
Number of deaths	1	—	223
Rate per 1000 total live and stillbirths	0.57	0.22	0.26
Death rate per 1000 population (Recorded)	10.09	10.24	
Death rate per 1000 population (as adjusted by comparability factor 0.96)	9.68		11.7
Death rate per 1000 population from:—			
(*a*) Diseases of the heart and circulatory system	3.71	3.63	
(*b*) Cancer (all forms)	1.98	1.91	
(*c*) Pneumonia, bronchitis and other diseases of the respiratory system ..	1.31	1.30	
(*d*) Tuberculosis (all forms)	0.01	0.06	
(*e*) Violence (including suicides) ..	0.63	0.53	

BIRTHS

Total registered live births:—

Male	2,314
Female	2,322
	4,636
(Illegitimate	420)

Of the 4,636 births registered 1,681 were Oxford residents and 42 births to Oxford residents occurred outside the City, making a total of 1,723 births allocated to the City. Of these 1,527 were legitimate (753 male, 774 female) and 196 were illegitimate (108 male, 88 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) According to notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	453	1	11	—
Notified by domiciliary midwives from .. General Pactitioner Maternity Unit ..	49	—	40	—
Notified by Nuffield Maternity Home ..	675	8	2,066	41
Notified by Churchill Hospital	495	4	827	14
	1,672	13	2,944	55

(b) According to Place of Birth (registered births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	683	8	2,083	41
Born in Churchill Hospital	492	5	829	14
Born in General Practitioner Maternity Unit	46	—	31	—
Born in private houses	460	1	12	—
	1,681	14	2,955	55

BIRTHS AND DEATHS IN THE CITY, 1922—1966

Population estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
								Under 1 year		At all ages	
	Uncorrected No.	Net No.	Net Rate	No.	Rate	of Non-residents registered in the District	of Residents not resigtered in the District	No.	Rate per 1000 Net Births	No.	Rate
2	3	4	5	6	7	8	9	10	11	12	13
56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.75
56,920	997	876	15,39	699	12.28	157	49	39	44.5	594	10.42
57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
*70,730 } 70,590 }	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
*74,000 } 73,810 }	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
*80,810 } 80,530 }	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
83,410	1460	1140	13.67	1086	13.03	220	59	37	32.46	925	11.09
85,800	1578	1200	13.98	1104	12.87	280	42	54	45,00	866	10.09
88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
96,200	1966	1340	14.02	1248	13.97	397	55	31	22,68	906	9.87
96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
104,600	3124	1615	15.41	1480	14.51	519	59	54	33.5	1020	9.75
103,900	3166	1676	16.13	1510	14.53	482	66	55	32,82	1094	10.53
100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
105,150	2833	1628	15.48	1328	12.63	461	40	38	23,34	907	8.63
107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36
106,900	2748	1458	13.64	1584	14.82	637	33	34	23,32	980	9.17
105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.50
104,500	3034	1421	13,60	1727	16.53	681	34	28	19.70	1080	10.33
104,400 } 104,230 }	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9.96
104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10.15
104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10.74
104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10.08
106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	10.01
106,560	3966	1695	15.91	1893	17.76	788	57	28	16.92	1162	10.93
107,110	4283	1842	17.20	1971	18.40	897	59	27	14.66	1133	10.58
108,880	4438	1872	17.19	1899	17.44	869	61	34	18.16	1091	10.02
109,320	4553	1805	16.51	1994	18.24	1000	55	31	17.71	1049	9.60
109,510	4636	1723	15.73	1988	18.15	934	51	28	16.25	1105	10.09

* Population birth rate. City Extended 1st April 1929.

† Population birth and death rates. City Extended 1st April, 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1966

(Table of Registrar General)

Causes of Death	All ages	Under 4 weeks	4 wks. under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	1105	15	13	2	3	16	17	17	67	179	262	514
1. Tuberculosis, respiratory	1	—	—	—	—	—	—	—	—	—	—	1
2. Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	3	—	—	—	—	—	—	—	1	1	—	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infection	1	—	—	—	—	—	—	—	—	—	—	1
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	4	—	1	—	—	—	—	—	—	3	—	—
10. Malignant neoplasm, stomach	17	—	—	—	—	—	—	—	—	6	4	7
11. Malignant neoplasm, lung, bronchus	57	—	—	—	—	—	—	1	7	23	16	10
12. Malignant neoplasm, breast	19	—	—	—	—	—	—	2	3	2	6	6
13. Malignant neoplasm, uterus	7	—	—	—	—	—	—	1	1	2	2	1
14. Other malignant and lymphatic neoplasms	117	—	—	—	—	1	3	3	8	27	32	43
15. Leukaemia, aleukaemia	7	—	—	—	—	—	—	—	—	1	3	3
16. Diabetes	7	—	—	—	—	—	2	—	—	1	1	3
17. Vascular lesions of nervous system	108	—	—	—	—	—	1	—	4	13	26	64
18. Coronary disease, angina	288	—	—	—	—	—	1	—	20	55	73	139
19. Hypertension with heart disease	5	—	—	—	—	—	—	—	—	—	1	4
20. Other heart disease	67	—	—	—	—	—	—	2	—	5	15	45
21. Other circulatory disease	46	—	—	—	—	—	—	—	1	5	17	23
22. Influenza	6	—	—	—	—	—	—	—	—	—	2	4
23. Pneumonia	84	—	4	1	—	—	—	1	2	2	9	65
24. Bronchitis	53	—	—	—	—	—	—	1	3	6	21	22
25. Other diseases of respiratory system	7	—	1	—	—	—	—	—	1	3	2	—
26. Ulcer of stomach and duodenum	8	—	—	—	—	—	—	—	—	1	4	3
27. Gastritis, enteritis and diarrhoea	6	1	—	—	—	—	2	—	—	1	—	2
28. Nephritis and nephrosis	6	—	—	—	—	—	—	—	—	2	4	—
29. Hyperplasia of prostate	2	—	—	—	—	—	—	—	—	—	—	2
30. Pregnancy, childbirth, abortion	1	—	—	—	—	—	1	—	—	—	—	—
31. Congenital malformations	6	1	3	—	—	—	—	—	—	1	1	—
32. Other defined and ill-defined diseases	103	13	2	—	2	5	2	1	7	7	15	49
33. Motor vehicle accidents	27	—	—	—	—	6	2	2	5	4	4	4
34. All other accidents	32	—	2	1	1	4	3	1	1	3	4	12
35. Suicide	10	—	—	—	—	—	—	2	3	5	—	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,105 deaths (1,049 in 1965) 538 were male and 567 female.

There was only one death attributable to tuberculosis of the respiratory system which occurred in a man over 75 years of age. This is the lowest figure ever recorded.

Deaths from cancer numbered 217 (all sites) compared with 194 in 1965. Deaths from cancer of the lung and bronchus numbered 57 (45 male and 12 female), an increase of 5 over the previous year.

One maternal death occurred. There were no deaths from measles or whooping cough.

Residents who Died in Institutions in Oxford

	1966
United Oxford Hospitals Group	556
Oxford Regional Hospital Board Group	7
Nursing Homes and other Institutions	21
Old People's Homes (Local Health Authority)	45
Old People's Homes (Private)	13
	*642

* = 32.3% of total deaths

Residents who Died away from Oxford

	1966
Regional Hospital Board Group	17
Institutions and Nursing Homes	8
Private Houses	14
Accidents, etc.	12
	51

Non-Residents who Died in Oxford

	1966
United Oxford Hospitals Group	820
Oxford Regional Hospital Board Group	16
Other Institutions and Nursing Homes	8
Private Houses	11
Accidents, etc.	79
	934

DEATHS FROM TUBERCULOSIS

YEARS 1947—1966

	PULMONARY							NON-PULMONARY						
	0–	1–	5–	15–	45–	65–	Total	0–	1–	5–	15–	45–	65–	Total
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	9	—	—	1	—	1	—	2
1960	—	—	—	3	1	3	7	—	—	—	1	—	1	2
1961	—	—	—	—	3	2	5	—	—	—	—	—	—	—
1962	—	—	—	—	—	3	3	—	—	—	1	—	—	1
1963	—	—	—	1	2	4	7	—	—	—	—	1	1	2
1964	—	—	—	1	1	3	5	—	—	—	—	1	—	1
1965	—	—	—	1	—	1	2	—	—	—	—	1	—	1
1966	—	—	—	—	—	1	1	—	—	—	—	—	—	—

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Uterus	5	11	5	6	8	8	4	5	8	5	7	7
Stomach—												
Male ..	14	15	18	13	13	17	21	13	17	16	10	8
Female ..	15	17	2	9	7	16	12	15	18	13	8	9
Lung, bronchus—												
Male ..	28	31	38	35	43	40	44	53	37	44	39	45
Female ..	5	8	11	2	7	6	11	9	8	18	13	12
Breast	9	18	17	17	27	17	27	21	22	21	12	19
All other sites—												
Male ..	62	48	53	49	43	56	48	60	52	52	49	57
Female ..	56	49	46	45	54	48	47	48	42	51	56	60
Totals ..	194	197	190	176	202	208	214	224	204	220	194	217

Age and sex distribution of Cancer deaths

	All ages	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Male	110	—	—	—	—	—	2	2	11	34	31	30
Female	107	—	—	—	—	1	1	5	8	26	29	37
Total	217	—	—	—	—	1	3	7	19	60	60	67

Analysis of deaths from cancer according to the site of the disease:—

MALE

	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Stomach ..	—	—	—	—	—	—	—	—	2	3	3
Lung, bronchus	—	—	—	—	—	—	1	7	16	13	8
All other sites	—	—	—	—	—	2	1	4	16	15	19
Total ..	—	—	—	—	—	2	2	11	34	31	30

FEMALE

	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Stomach ..	—	—	—	—	—	—	—	—	4	1	4
Lung, bronchus	—	—	—	—	—	—	—	—	7	3	2
Breast ..	—	—	—	—	—	—	2	3	2	6	6
Uterus ..	—	—	—	—	—	—	1	1	2	2	1
All other sites	—	—	—	—	1	1	2	4	11	17	24
Total ..	—	—	—	—	1	1	5	8	26	29	37

(b) MORBIDITY REPORT

(Dr. E. D. Acheson)
Medical Director Oxford Record Linkage Study

Sickness in Oxford County Borough Residents treated by hospital inpatient care 1962—1965

Estimates of the morbidity and mortality due to the communicable diseases have formed a familiar part of public health reports since their inception in the nineteenth century. Such data are generally derived from the notification of cases of the diseases in question by the doctor concerned to the medical officer of health. In order that effective preventive action can be taken where necessary, these notifications have been made mandatory either by statute or local regulation for many communicable diseases.

With the decline in the importance of the communicable diseases as a cause of illness it has become desirable to obtain information about the frequency of the other common causes of sickness and death in the community. As hardly any of these is notifiable, different methods of data collection are necessary. For conditions as fatal as are many types of malignant disease, *mortality rates* (the number of deaths ascribed to the disease in question divided by the population at risk) may provide a sufficiently accurate index of incidence. Mortality rates for carcinoma of the bronchus, breast, etc. have featured in the Oxford reports for a number of years. Other conditions, such as psychiatric illnesses, abortion and attempted poisoning by drugs cannot be studied adequately by mortality rates or notification rates, and require the collection of sickness records by new methods.

The tables which follow are offered as a first attempt to supply data about some of the dominant diseases of the day as they affect residents of Oxford County Borough. The data has been collected by the Oxford Record Linkage Study which is a unit within the Nuffield Department of Clinical Medicine of Oxford University, financed jointly by the Nuffield Foundation, Nuffield Provincial Hospitals Trust and the Ministry of Health. The methods of data collection and processing have been described elsewhere. (Acheson, E. D., 1964 Brit. J. Soc. Prev. Med. 188). The objectives of the Study are to examine the feasibility and cost of abstracting information concerning important health events for all members of a defined population, and of organising cumulative personal and family files; to study the applications of the linked data to medical and operational research; and to develop computer methods of record linkage.

General points in interpretation of the data

The data shown in the tables which follow are restricted to episodes of *hospital inpatient treatment* experienced by persons giving an address at the time of their admission to hospital within the boundaries of Oxford

County Borough, and who were treated in National Health Service Hospitals within the Oxford Record Linkage Study Area (for the period 1962—1965 Oxford C.B.C., Oxford A.C. except Henley M.B. and R.D.; and Abingdon M.B. and R.D. in Berkshire). Thus patients treated as outpatients, at home, or in hospitals elsewhere, e.g. in London, are excluded. The numbers of cases given refer to *episodes of treatment*, not *persons treated*, which means that where a patient is discharged more than once for the same condition during the year concerned, he is counted more than once. A general discussion of the advantages and shortcomings of such data would be inappropriate here but can be obtained elsewhere. (Ministry of Health and General Register Office. Report on Hospital Inpatient Enquiry. H.M.S.O. 1961).

In addition to these general observations two particular points may be made. The *completeness* of the data collected from hospitals in the study area as a whole has been measured by comparing the number of records of discharges received with the number returned to the Ministry of Health, and is satisfactory as shown in Table I.

TABLE 1

Number of Discharges from Hospital other than Maternity and Convalescent Hospitals within O.R.L.S. Area compared with return of discharges on Form S.H.3 for years 1962—1965.

Year	Discharges	S.H.3. reported Totals	% Discharges ascertained
1962	* 30,284	32,123	94.6
1963	35,164	36,629	96.0
1964	38,499	39,687	97.0
1965	40,115	41,575	96.5

* Excluding N.O.C., figures not available for residents outside O.R.L.S. area.

The *loss of cases* due to hospitalisation of Oxford residents in hospitals outside the study area cannot be determined exactly, but is estimated at approximately 5%.

Discharge rates have been calculated on the basis of the annual estimates of the population of Oxford C.B.C. published by the General Register Office, distributed by sex and age according to the proportions as enumerated at the 1961 Census.

TABLE 2

Number of discharges from hospital, and discharge rates, in each category of the International Classification of Diseases; Oxford C.B.C. residents, 1965, by sex.

	1965					
	Number of discharges			Discharge rate per 1,000		
	Males	Females	Persons	Males	Females	Persons
I. Infective and Parasitic Diseases	(12) 151	(15) 104	(13) 255	2.75	1.91	2.33
II. Neoplasms	(6) 319	(1) 571	(4) 890	5.80	10.50	8.14
III. and IV. Allergic, Endocrine, Nutritional and Metabolic; Blood Diseases.	(13) 139	(13) 202	(12) 341	2.53	3.72	3.12
V. Psychiatric Illnesses.	(7) 287	(8) 278	(8) 565	5.22	5.11	5.17
VI. Diseases of Nervous System and Sense Organs	(5) 339	(3) 463	(5) 802	6.17	8.52	7.34
VII. Diseases of Circulatory System	(4) 366	(7) 339	(6) 705	6.66	6.24	6.45
VIII. Diseases of Respiratory System	(2) 551	(4) 460	(2) 1011	10.03	8.46	9.25
IX. Diseases of Digestive System	(3) 550	(5) 434	(3) 984	10.01	7.98	9.00
X. Diseases of Genito Urinary System	(8) 216	(2) 474	(7) 690	3.93	8.72	6.31
XI. Complications of Pregnancy*	—	(12) 213	(15) 213	—	3.92	—
XII. Diseases of Skin, etc.	(15) 71	(16) 81	(16) 152	1.29	1.49	1.39
XIII. Diseases of Bones, etc.	(9) 204	(10) 222	(9) 426	3.71	4.08	3.90
XIV. Congenital Malformations	(16) 59	(17) 50	(17) 109	1.07	0.92	1.00
XV. Certain Diseases of Infancy	(17) 4	(18) 2	(19) 6	0.1	0.1	0.1
XVI. Symptoms and Ill-defined Conditions	(10) 200	(11) 220	(10) 420	3.64	4.05	3.84
XVII. Accidents and Violence	(1) 683	(6) 396	(1) 1079	12.42	7.28	9.87
XVII. Poisoning	(14) 85	(14) 101	(14) 186	1.55	1.86	1.70
Special examinations and aftercare	(11) 154	(9) 231	(11) 385	2.80	4.25	3.52
TOTAL	4378	4841	9219	79.7	89.1	82.4

* causing admission to non-obstetric beds—principally abortions

Commentary on Table 2

All discharges from hospital for Oxford City residents (within the limits described above) in 1965 are represented in this table. In order to give a broad overall view of the pattern of inpatient sickness, they have been broken down into great classes of disease according to the conventions of the International Classification of Diseases and Causes of Death. Absolute numbers and rates per thousand population are given for each sex separately and for both sexes. The numbers in brackets indicate the *rank order of magnitude* of each class in terms of number of discharges.

If both sexes are considered together, the five most frequent causes of admission in rank order are:—accidents, respiratory diseases, digestive diseases, neoplasms, and diseases of nervous system and sense organs. For *males* the sequence is similar except that circulatory disease and nervous disease rank fourth and fifth respectively, displacing neoplasms. In *females* neoplasms rank first, followed by genito-urinary diseases, nervous diseases, and respiratory diseases; digestive diseases are relegated to fifth place.

To interpret this table correctly it is desirable to have some knowledge of the conventions of the International Classification. For example 43.5% of the discharges attributed to diseases of the respiratory system are cases of hypertrophy of the tonsils and adenoids admitted for tonsillectomy. Neoplasms include both benign and malignant growths and much of the difference between the sexes is due to admissions for the treatment of uterine fibroids in women.

This table does not take any account of the *fatality or chronicity* of the diseases in question. If, for example, the total number of bed days or the proportion of deaths suffered in each group were calculated, the rank order would be different.

Table 3

Discharge rates per thousand for each of the main diagnostic groups in 1965 for residents of Oxford C.B.C., both sexes together, by age.

Diagnostic Groups	0—4	5—9	10—19	20—49	50—69	70+	Age not stated	Total
I. Infective and Parasitic Diseases 001-138	(8) 4.1	(6) 3.1	(11) 1.5	(12) 2.5	(14) 1.6	(14) 3.1		(13) 2.3
II. Neoplasms 140-239	(15) 1.0	(9) 2.4	(10) 1.8	(5) 5.4	(1) 15.7	(3) 23.9		(4) 8.1
III and IV. Allergic, Endocrine System, Metabolic and Nutritional Diseases: Diseases of the Blood and Blood Forming Organs 240-299	(9) 4.0	(7) 2.7	(12) 1.3	(13) 1.9	(11) 3.6	(8) 11.3		(12) 3.1
V. Mental, Psychoneurotic, and Personality Disorders 300-326..	(13) 1.4	(11) 1.4	(8) 2.0	(3) 7.5	(10) 3.9	(10) 7.9		(8) 5.2
VI. Diseases of the Nervous System and Sense Organs 330-398	(6) 5.4	(3) 6.5	(5) 2.6	(9) 3.1	(4) 11.4	(2) 29.5		(5) 7.3
VII. Diseases of the Circulatory System 400-468	(14) 1.3	(13) 0.6	(17) 0.4	(11) 2.9	(2) 12.2	(1) 29.6		(6) 6.4
VIII Diseases of the Respiratory System 470-527	(1) 25.2	(1) 40.6	(2) 7.0	(6) 4.2	(9) 5.3	(6) 16.2		(2) 9.2
IX. Diseases of the Digestive System 530-589	(4) 7.7	(5) 3.8	(3) 6.2	(1) 7.8	(3) 11.6	(5) 18.6		(3) 9.0
X. Diseases of the Genito-urinary System 590-637	(5) 6.3	(11) 1.4	(7) 2.1	(4) 7.1	(6) 7.1	(7) 11.6		(7) 6.3
XI. Deliveries and Complications of Pregnancy, Childbirth and the Puerperium 640-689*	—	—	(13) 1.2	(7) 4.2	—	—		—
XII. Diseases of the Skin and Cellular Tissue 690-716	(11) 2.1	—	(14) 1.1	(15) 1.0	(13) 1.6	(13) 3.7		(15) 1.4
XIII. Diseases of the Bones and Organs of Movement 720-749	(12) 1.7	(10) 1.9	(6) 2.6	(9) 3.1	(7) 6.5	(12) 6.4		(9) 3.9
XIV. Congenital Malformations 750-759 ..	(7) 4.8	(8) 2.5	(9) 1.9	(16) 0.5	(16) 0.2	—		(16 1.0
XV. Certain Diseases of Early Infancy 760-776	(16) 0.6	(15) 0.2	—	—	—	—		—
XVI. Symptoms, Senility, and Ill-defined Conditions 780-795	(10) 3.8	(4) 4.9	(4) 3.0	(8) 3.6	(12) 3.5	(11) 7.0		(10) 3.8
XVII. Accidents, and Violence (*a*) 980-999 ⎫ .. 800-959 ⎭ ..	(2) 15.0	(2) 12.2	(1) 12.4	(2) 7.6	(5) 7.1	(4) 18.8		(1) 9.9
Poisoning (*b*) 960-979 ..	(3) 10.4	(12) 1.3	(16) 0.5	(14) 1.6	(15) 0.7	(15) 0.5		(14) 1.7
Miscellaneous Y00-Y10	(4) 0.6	(14) 0.5	(15) 0.5	(10) 3.0	(8) 6.1	(9) 9.6		(11) 3.5
TOTAL	95.4	86.0	48.1	67.0	98.1	197.7		82.1

*causing admission to non-obstetric beds—principally abortions.

Commentary on Table 3

As in the previous table the rank order of importance of the various disease groups is shown by the figures in brackets. Thus by looking down each column one can see at a glance the relative importance of the various disease groups as causes of admission at each age. Thus in infancy diseases of the respiratory system (again there is a substantial contribution (32.2%) of cases of hypertrophy of the tonsils and adenoids) rank first, followed by accidents (2), poisoning (3), digestive (4), and genito-urinary disorders (5). In the other age groups, the high ranking of digestive (1) and accidents (2) in young adults; of neoplasms, circulatory and nervous diseases in the middle aged and elderly; and the universal low ranking of infective diseases are particularly noteworthy.

As the number of persons in the population in the different age groups varies, *discharge rates per thousand* have been calculated to permit an assessment of the relative *risk* of being admitted in the various age groups. For example, if one observes the row of figures relating to poisoning, it becomes apparent that the risk of being admitted in infancy for poisoning (10.4 per 1,000) is more than six times greater than in any of the other age groups. Similarly, one can see the pattern of relative risk by age for the other diagnostic groups by looking along the appropriate row of figures. Perhaps the most surprising finding is that the highest risk of admission for an injury due to an accident or violence is in persons seventy years of age or more, followed by infants under five years of age. The bottom row shows the discharge rates for all conditions combined by age, and displays the familiar U-shaped curve. Approximately one in ten of all infants under five, and one in five of the aged living in the City were discharged from hospital in 1965.

TABLE 4

Discharge rates for selected conditions by year, 1962—1965, for residents of Oxford C.B.C. by sex.

	I.S.C. Codes	Males				Females				Persons			
		1962	1963	1964	1965	1962	1963	1964	1965	1962	1963	1964	1965
Respiratory Tuberculosis	001—008	1.02	1.04	1.30	0.74	0.24	0.43	0.50	0.31	0.64	0.74	0.90	0.53
Tuberculosis, other forms	010—019	0.17	0.35	0.26	0.16	0.24	0.45	0.18	0.24	0.21	0.40	0.22	0.20
ALL TUBERCULOSIS	001—019	1.19	1.39	1.56	0.90	0.48	0.88	0.68	0.55	0.85	1.14	1.12	0.73
Whooping Cough	056	—	—	0.13	0.13	—	0.04	0.13	0.04	—	0.02	0.13	0.08
Measles	085	0.03	0.22	0.05	0.29	0.04	0.06	0.04	0.33	0.04	0.14	0.05	0.31
Infectious Hepatitis	092	0.06	0.06	0.16	0.13	0.09	—	0.02	0.04	0.08	0.03	0.09	0.08
Infectious Mononucleosis	093	0.30	0.41	0.27	0.22	0.19	0.06	0.09	0.06	0.24	0.23	0.18	0.14†
Cancer, bronchus	162	1.19	1.11	1.11	1.18	0.13	0.32	0.31	0.29	0.67	0.72	0.72	0.74*
Cancer, breast	170	—	0.02	—	0.04	1.25	1.33	1.40	1.20	0.62	0.67	0.70	0.61
Cancer, cervix	171	—	—	—	—	0.74	0.56	0.63	0.68	—	—	—	—
Diabetes Mellitus	260	0.45	0.70	0.66	0.93*	0.66	0.84	0.83	1.16*	0.55	0.77	0.74	1.04*
Depression, all forms	301, 302, 314, 790-2	1.88	2.04	1.85	1.77	2.43	2.70	2.79	2.78*	2.16	2.37	2.31	2.27
Schizophrenia; paranoia	300, 303	1.31	1 04	1.17	1.24	0.83	0.96	0.87	1.16	1.07	1.00	1.02	1.20
Senile, presenile and other psychoses	304, 306, 307, 309	0.41	0.41	0.38	0.36†	0.64	0.54	0.41	0.61	0.52	0.48	0.39	0.48
Psychoneuroses other than depression	310—318 ex 314	0.67	0.67	0.55	0.49†	0.64	0.43	0.57	0.50	0.66	0.55	0.56	0.49†
Alcoholism, and alcoholic psychoses	307, 322	0.37	0.52	0.38	0.62	0.23	0.11	0.17	0.17	0.30	0.31	0.28	0.39
Drug addiction other than alcohol	323	0.02	0.02	0.05	0.09*	—	0.02	0.02	0.06*	0.01	0.02	0.04	0.07*
Other disorders of character	320, 321, 324, 325, 326	0.60	0.61	1.04	1.31*	0.28	0.56	0.65	0.72*	0.44	0.59	0.84	1.02*
ALL PSYCHIATRIC CONDITIONS	300—326	5.26	5.31	5.42	5.88*	5.05	5.33	5.48	6.00*	5.16	5.32	5.44	5.92*

	I.S.C. Codes	Males				Females				Persons			
		1962	1963	1964	1965	1962	1963	1964	1965	1962	1963	1964	1965
Vascular lesions CNS	330—334	0.93	1.00	1.24	1.09	2.06	1.84	1.49	1.53	1.49	1.42	1.37	1.31†
Rheumatic Fever and Chorea	400—402	—	0.06	0.02	0.05	0.06	0.06	0.04	0.02	0.03	0.06	0.03	0.04
Chronic Rheumatic Heart Disease	410—416	0.22	0.28	0.31	0.15	0.36	0.28	0.39	0.48	0.29	0.28	0.35	0.31
Coronary Disease	420.1	1.74	1.93	1.90	2.09*	1.06	0.97	1.07	1.60*	1.40	1.46	1.49	1.85*
Other Arteriosclerotic and Degenerative Heart Disease	420—422 ex 420.1	0.13	0.17	0.31	0.58*	0.15	0.38	0.13	0.24	0.14	0.27	0.22	0.41*
ALL ARTERIOSCLEROTIC AND DEGENERATIVE HEART DISEASE	420—422	1.87	2.10	2.21	2.67*	1.21	1.35	1.20	1.84*	1.54	1.73	1.71	2.26*
Bronchitis	500—502	1.36	2.01	1.94	2.37	0.70	1.05	0.87	1.07	1.03	1.53	1.41	1.72*
Abortion	650—652	—	—	—	—	2.36	2.16	2.14	2.74	—	—	—	—
Phlebitis and Thrombo-phlebitis	463—464	0.04	0.02	—	0.02	—	0.04	—	0.02	0.02	0.03	—	0.02
Pulmonary embolism	465	0.67	0.72	0.78	0.42	0.68	0.90	0.70	0.72	0.68	0.81	0.74	0.57
Peptic Ulcer	540—542	1.31	1.21	1.15	1.33	0.64	0.39	0.35	0.44	0.98	0.80	0.75	0.89
Fractured skull, spine or trunk	800—809	1.10	1.04	1.10	1.36	0.43	0.67	0.48	0.68	0.77	0.86	0.79	1.02
Fractured upper limb	810—819	0.54	0.56	0.66	0.58	0.19	0.41	0.41	0.42	0.36	0.49	0.53	0.50
Fractured neck of femur	820	0.28	0.22	0.24	0.29	1.38	1.03	0.78	0.99	0.82	0.62	0.50	0.64
Other fractured lower limb	821—829	0.97	0.98	1.24	1.35*	0.58	0.83	0.79	0.97	0.78	0.90	1.02	1.16*
Head injuries without concussion	850—851 853—856	0.75	0.69	0.47	1.18	0.43	0.19	0.24	0.48	0.59	0.44	0.36	0.83
Concussion	852	3.85	5.46	4.57	4.84	1.96	2.29	2.29	2.23	2.91	3.88	3.43	3.54
Other injuries	830—849 860—936 950—959	2.05	1.24	1.72	2.09	0.94	0.83	0.92	0.96	1.50	1.04	1.32	1.53
Burns	940—949	0.26	0.33	0.40	0.45	0.19	0.36	0.35	0.24	0.23	0.35	0.38	0.35
ALL TRAUMA	800—949	9.80	10.52	10.40	12.14*	6.10	6.61	6.26	6.97	7.96	8.58	8.33	9.57*

	I.S.C. Codes	Males				Females				Persons			
		1962	1963	1964	1965	1962	1963	1964	1965	1962	1963	1964	1965
Poisoning by $C.O._2$	969	0.04	0.04	0.02	0.05	0.08	0.17	0.06	0.06	0.06	0.10	0.04	0.05
,, barbiturates	971	0.21	0.20	2.27	0.31*	0.49	0.60	0.59	0.48	0.35	0.40	0.43	0.39
,, aspirin	972	0.13	0.06	0.27	0.20	0.19	0.37	0.39	0.37	0.16	0.21	0.33	0.28
,, other analgesics	974	0.04	0.06	0.13	0.07	0.17	0.15	0.17	0.16	0.10	0.10	0.15	0.12
,, other drugs	960—979 ex 969,971, 972, 974	0.28	0.57	0.46	0.93*	0.47	0.39	0.68	0.83*	0.38	0.49	0.57	0.88*
ALL POISONINGS	960—979	0.70	0.93	1.15	1.56*	1.40	1.68	1.89	1.90*	1.05	1.30	1.52	1.72*
TOTAL		25.38	28.07	28.56	31.50	24.20	25.78	24.94	28.08	23.28	25.58	25.38	28.06

*Upward trend † Downward trend

Commentary on Table 4

This table serves two purposes. It gives discharge rates for certain selected conditions of interest for each sex. It also shows trends with time over the last four years. Conditions manifesting a consistent upward or downward trend are marked with an asterisk and sword respectively.

When the discharge rates for all the selected conditions together are considered (the bottom line of the table) a consistent increase for males and both sexes together is seen. For females some fluctuation is seen over the four year period.

In males, consistent upward trends in the discharge rates are seen for diabetes, other disorders of character, and all psychiatric conditions taken together; also for arteriosclerotic heart disease whether specified as involving the coronary arteries or not; fractures of the lower limb and all trauma taken together; a substantial rise was also seen in the hospitalisation rate for poisoning with certain drugs. An upward trend was also registered for drug addiction other than alcohol and for barbiturate poisoning, but the numbers involved are very small. The discharge rates decreased slightly for senile and presenile psychoses, and the psychoneuroses other than depression.

In females the discharge rates for diabetes, depression, other disorders of character, and all psychiatric conditions together increased substantially; as in males, the increase of hospitalisations for drug addiction other than alcohol is of doubtful significance as the numbers involved are so small. Increases are also shown for coronary disease, and all arteriosclerotic heart disease and poisoning with certain drugs.

When both sexes are considered together a few trends not seen in one or other sex become apparent. A decline is seen in infectious mononucleosis (but the numbers are small) and for vascular lesions of the nervous system. Substantial upward trends are shown for bronchitis, and fractures of the skull and spine, and a slight trend in the same direction for carcinoma of the bronchus.

Deaths outside hospital from certain conditions

In certain conditions which are treated in hospital whenever possible like serious injuries and poisoning, death may occur before the patient arrives in hospital. Such cases should be added to those in Table 4 to obtain a more complete picture of morbidity. A total of 32 deaths outside hospital from injuries, and 48 deaths from poisoning, were recorded over the four year period in the Oxford population. Those from trauma exhibited an upward trend; no definite trend was seen in the cases of poisoning.

A study of the deaths occurring *outside hospital* was made over the period 1962—1965 for all other conditions selected in Table 4. In only one instance did their addition to the material alter the trends shown. For coronary heart disease (420.1) and all arteriosclerotic and degenerative heart disease (420—422) the upward trend in females disappeared when the deaths outside hospital were added.

SECTION III

GENERAL HEALTH SERVICES

(a) FLUORIDATION

Fluoridation was again considered at the time of the preparation of estimates, but in the light of the very tight financial situation and having regard to the fact that the newly-formulated Oxfordshire and District Water Board would come into being on the 1st April, 1967, it was decided to defer the matter until next year.

(b) HEALTH CENTRES

1. Blackbird Leys Health Centre, Blackbird Leys Road

This has been the sixth year of this most successful project. The new extension was brought into use during the year. This Health Centre has become a very busy medical/social centre serving both the estate and the surrounding areas. Doctors, nurses, social workers and secretarial staff are all working together as a team in purpose-built premises with advantage to all concerned. It would now be very difficult, if not impossible, to draw any distinction between the traditional general practitioner services and the local authority preventive and social services; all problems now being dealt with by the team as a whole.

2. East Oxford Health Centre, Cowley Road Hospital frontage

As well as the Health Centre, the buildings provide accommodation for the district nursing and domiciliary midwifery services. The building is nearing completion and should be ready for use in July, 1967.

A partnership of three doctors will occupy one suite of rooms, and a partnership of two doctors the other suite. There will be full clinic facilities, including the headquarters of the local authority dental service.

3. Summertown Health Centre, 160 Banbury Road

A suitable site on which to build a new Health Centre to serve this district is unlikely to be available for at least five years. A long search for existing premises suitable for conversion for temporary use ended when 160 Banbury Road became available in May. This is a conveniently-sited detached house standing on the corner of Marston Ferry Road and Banbury Road. It is well-built and in a good state of repair. The building lends itself to adaptation for use as a Health Centre without any major structural alteration.

It will provide four surgeries, a treatment room, and accommodation for the attached practice nursing staff. Facilities for clinics are available. There will be a caretaker's flat and a staff car park.

The details of the scheme had been agreed by all concerned by March, 1967, and following the necessary alterations, decorations and purchase of furniture and equipment, the building should be ready for use by July, 1967.

A partnership of four doctors will use the premises as main surgery accommodation.

4. Health Centre in Walton Street area

St. John's College have been most anxious to assist in the provision of a Health Centre to serve the residential area around the Radcliffe Infirmary. A site owned by the College in Plantation Road was provisionally allocated for health centre purposes. This was to be part of the redevelopment of the Walton Manor Estate, but after careful consideration of all the planning points of view, it was eventually decided that the site was not really suitable and was rather inaccessible for motor transport. Accordingly, another site in the ownership of the College in Walton Street is under active consideration as an alternative proposition. Three practices involving six doctors are most anxious to practice from a Health Centre serving this area.

5. Central Health Centre

A solution to the problem of finding a suitable site which can be developed is still no nearer, but with passing time the need seems to be diminishing rather than increasing. The prospect of new office accommodation for the Health Department has now receded as a result of the purchase of the old Telephone House to be used as Corporation office accommodation, and it would, therefore, seem unlikely that Greyfriars could become available for use as a Health Centre for at least some years ahead.

6. Cowley Health Centre

A suitable site is available and the three partnerships mainly serving the area are all interested and in fact would generally like to practice from a Health Centre. Some of the doctors, however, are concerned about their security of tenure, if practising from a Health Centre, in the event of some possible future dispute between the medical profession and the Government. It is hoped that these difficulties can be resolved in the near future.

7. Headington Health Centre

Negotiations have started concerning the possibility of a Health Centre to serve the Headington area. All the main partnerships in the area have expressed interest.

8. Local Health Authority Premises used as Branch Surgery Accommodation by General Practitioners

(a) Minchery Farm

These premises built as a branch surgery by the Housing Committee to serve the Minchery Farm Estate (population 2,000 approx.) have now been in use for nine years. There has, however, been a further reduction in the number of surgeries held each week, and now only two general practitioners from two partnerships undertake between them three sessions per week. In addition, the Oxfordshire Probation Service use the premises on one evening per week.

(b) Northway Clinic

The scheme by which general practitioners could hire the Northway Clinic for surgery purposes commenced in June, 1955. It continues to be used by two practices for a total of four sessions each week.

(c) South Oxford Clinic

The main partnership practising in the area started to use the extended clinic premises as a branch surgery in January, to the extent of two surgery sessions per week.

(c) AMBULANCE SERVICE

Report by Mr. C. R. Lawrence, Chief Ambulance Officer

Administration

The termination by the St. John Ambulance Brigade of the agency arrangements of providing an Ambulance Service for both the City and County Councils became effective on the 31st March, 1966. Before this date a Joint Committee was appointed to administer the service on behalf of the two Authorities. Numerous alterations have taken place during the first nine months of operation, including improved style and issue of uniform and a code of discipline. A form of promotion has been implemented and Leading Drivers are now actively engaged in Control Room operations.

Stations

New Ambulance stations were opened at Witney and Chipping Norton in February and April respectively. Since the inception of the National Health Service Act in 1948, seven new Ambulance Stations have been built in the County and a combined main Control and Ambulance Station in Oxford City. The Service has grown to such an extent that the Oxford City premises are no longer adequate. Work commenced in October in enlarging and redesigning the existing accommodation. This entails providing garage accommodation for an extra twenty vehicles, converting the offices to an enlarged Control Room and providing a new administrative block on the first floor. Extra space will also be available for records and other stores. Completion date for this project is September, 1967.

Staff

Recruitment of Staff to bring the Service up to the establishment as recommended by the Organisation and Methods Team continued during the year. Difficulties were experienced in certain areas of the County owing to residential qualifications required of candidates because of working the "On Call from home system". Early in the year difficulty was experienced in Oxford City because of full employment in the Motor Industry. However, with the advent of redundancy the recruiting position improved and some 32 additional employees were engaged leaving only ten vacancies at the end of the year. Of these vacancies no attempt had been made to recruit at Kidlington and Crowmarsh owing to possible reorganisation in these areas.

Cowley Road Day Hospital

All three of the twelve seater Ambulances fitted with hydraulic lifts (to take wheel chairs) were conveying Geriatric patients to Cowley Road Hospital by the middle of February.

This venture has proved most satisfactory and whilst demands from the hospital are still increasing, these have, during the year, been met with very little inconvenience to either the Hospital, patient or Ambulance Service. Each vehicle is carrying $2\frac{1}{2}$ to 3 loads of patients each morning, each load taking one to $1\frac{1}{2}$ hours to complete.

Vehicles

Under the annual replacement programme four sitting case vehicles, two large and two small ambulances were ordered.

Two additional Ambulances and one additional sitting case vehicle were also ordered during the year.

Location of Stations and Establishment

Location	*Amb.*	*SCC*	*Driver/Att.*	*Lead Driv./Sub off.*
Oxford City ..	10	13	42	6
Banbury	4	4	16	4
Bicester	1	1	5	1
Chipping Norton ..	1	1	5	—
Crowmarsh ..	1	—	5	—
Henley	2	3	7	1
Kidlington	1	—	5	—
Thame	1	1	5	—
Witney	2	1	7	1
Spare Vehicles ..	4	1	—	—
TOTAL ..	27	25	97	13

The administrative staff of the service is as follows:

At Banbury 1 Station Officer. At Oxford Control:

1 Chief Ambulance Officer.
1 Deputy Chief Ambulance Officer.
1 Station Officer.
6 Control Officers.
1 Chief Clerk.
2 Clerical Assistants.
1 Typist.
2 Mechanics.

Radio Control

The frequency modulation equipment installed in 1962 continues to give extremely satisfactory results. Due to unforseen circumstances the combined AM/FM Radio Link between Ambulances and Casualty Department of the Radcliffe Infirmary did not materialise. A modified scheme consisting of the FM equipment only has been working since October. The G.P.O. has allocated an additional frequency that is common to

most County Ambulance Services and the scheme allows for the addition of the AM equipment at a later date.

The routine of Ambulance crews attending an accident today is that they travel to the scene using the Ambulance Frequency. On loading the casualty they notify Control they are loaded, switch to Channel 2 (the Hospital Frequency) and give Casualty Department details of the accident and nature of injuries. The Ambulance remains in communication with the Casualty Department during the journey to Hospital and on arrival switches back to the Ambulance Frequency to inform Control they have arrived.

There is evidence that information passed by Ambulance Crews is of great advantage to the Casualty Unit. Whilst this scheme may not be the ultimate, it is felt that it is a step in the right direction, and so far Casualty Department at the Radcliffe Infirmary can obtain information from Wiltshire Ambulances in addition to vehicles of our fleet.

Patients carried and mileage travelled

Now that the Service is completely joint a false impression would be obtained if the work undertaken by the City and County Sections were shown separately. In order that a comparison can be made, statistics have been revised for the period 1962 to 1965 and figures now shown are the combined figures for the Old City and Old County Services.

The number of patients carried during the year shows an increase of 46,857 over the 1965 total, whilst the mileage travelled shows an increase of 228,955 miles. The expansion of the Day Hospital Service is responsible for a great portion of this increase whilst the opening of the Wheatley Training Centre for Mentally Handicapped also played a part.

Table 1 shows the work carried out during the year, whilst Table 2 shows the number of patients carried since 1962.

Table 1

Quarter 1966	Ambulance Patients	Ambulance Miles	Sitting Case Patients	Sitting Case Miles	Ambulance Service Vehicles Sub Total Patients	Ambulance Service Vehicles Sub Total Miles	Hospital Car Service Vehicles Patients	Hospital Car Service Vehicles Miles	Contract Hire Vehicles Patients	Contract Hire Vehicles Miles	HCS & Contract Hire Vehicles Sub Total Patients	HCS & Contract Hire Vehicles Sub Total Miles	Gross Totals Patients	Gross Totals Miles
March	12,510	100,277	24,212	88,208	36,722	188,485	16,134	182,159	15,198	98,825	31,332	280,984	68,054	469,469
June	14,320	107,361	26,192	95,877	40,512	203,238	15,943	182,219	15,950	101,864	31,893	284,083	72,405	487,321
September	14,041	108,802	27,046	98,584	41,087	207,386	14,178	173,557	15,373	108,894	29,551	282,541	70,638	489,837
December	14,300	106,704	25,081	93,914	39,381	200,618	15,229	175,207	20,520	123,964	35,749	299,171	75,130	499,789
	55,171	423,144	102,531	376,583	157,702	799,727	61,484	713,142	67,041	433,547	128,525	1,146,689	286,227	1,946,416

Table 2

	Ambulance Service Patients	Ambulance Service Miles	H.C.S. & Contract Hire Patients	H.C.S. & Contract Hire Miles	Gross Total Patients	Gross Total Miles
1962	104,655	549,333	71,097	700,879	175,752	1,250,212
1963	112,883	683,501	76,408	721,649	189,291	1,405,150
1964	119,811	728,339	90,061	874,342	209,872	1,602,681
1965	135,381	746,729	103,989	970,832	239,370	1,717,561
1966	157,702	799,727	128,525	1,146,689	286,227	1,946,416

(d) DOMICILIARY NURSING SERVICES

(Dr. Hall)

General practitioner—nursing staff attachment

The health visitors, domiciliary midwives and district nurses have been working either wholly or partly in general practice rather than geographical areas for the past ten years. The scheme was completed in March 1965 and its value to patients, doctors and nurses has been increasingly appreciated. The greater contact between general practitioners and nurses which has resulted from this method of working has improved the continuity of care for the patient and has created more interest for the nurses. The doctors have also valued the help which can be afforded them by the nurses in the practice.

The Minister of Health, Mr. Kenneth Robinson, visited Oxford in January and expressed a wish to meet some of the general practitioners and their attached nursing staff in order to discuss the scheme. He was introduced to representatives of four practices and showed great interest in the work being done. In November the Chief Medical Officer to the Ministry of Health, Sir George Godber, was the guest of honour at an evening Reception given by the Lord Mayor to celebrate the completion of the scheme for general practitioner-nursing staff attachments. All general practitioners and their attached nursing staff were invited, together with representatives of the hospital service. The following is a slightly abbreviated version of the speech made by Sir George on this happy occasion:

"My Lord Mayor, Ladies and Gentlemen,

It is really very kind of you to ask somebody to come here from London and in particular from the Elephant and Castle area on the occasion of the completion of the attachment scheme of local health authority nursing staff to general practices, but I am very glad you did ask me, for, in spite of what one sometimes reads in the national journals about the health service, it is not such a bad idea if medical practices can flourish like this. It is perfectly true, Oxford's contribution to a change in the pattern of general practice, which is going to be achieved over the country as a whole within the next few years, is unique—in completeness, the leading contribution in the country. You know, it is ten years since Miss Hayes went to work with Doctors Seaver, Richards and Laurie as "their" health visitor, and it seems that very certainly they really did start something then. This experiment started a change which has continued until all the health visitors, all the midwives and all the district nurses in the City are now attached to general practices.

We need more new hospitals and we need more health centres, but we have managed in our health service something quite different from the pattern of practice in any other country I know. It really works, and I hope it is going to make family doctoring still better in this country.

Three years ago the scheme of attachment of health visitors to the practitioners became complete in Oxford, the only City or County in the country where that had been achieved. It is still the only one; and you then went on to complete similar schemes for midwives and district nurses last year. You are the only local authority with such a complete attachment scheme, and that is something to be proud of, but it was the original attachment ten years ago that perhaps counted most of all. I remember attending the annual meeting of the County Borough Medical Officers of Health under the Presidency of your Medical Officer of Health in Oxford, I suppose about six years ago, and I remember this idea was discussed then. There were some Medical Officers of Health who did not think an attachment scheme would work but undoubtedly they must eat their words now, and many are already working on the pattern which you have set, and I am quite sure that the rest of the country will go that way—and quickly.

You know, we should not stick to general practice just because it is the tradition. We should do it because it works. There could be other ways, but this is ours, and this way is going to keep a personal doctor service in this country for the benefit of all the people in it. We have not, however, yet regrouped general practice. You have taken the first step here which I think could be called the physical regrouping of general practice. I am sure that whether it is in group practices or in health centres, and I think increasingly in health centres, we are going to see group practice with doctors, nurses and midwives.

I want to say thank you to your authority, not just for starting the job, but also for finishing it. This City has a tremendous tradition of public health progress and the present Medical Officer of Health has carried on the tradition. We are grateful to the City Fathers who have made it possible for the City doctors and the nurses to get on and complete the job, and thank you for inviting me to join the party."

Visitors from other areas to study the attachment scheme included staff from Norway, America, Cardiff Cambridge, Croydon and the West Riding of Yorkshire.

A. HEALTH VISITING.

1. Staff

Miss Atkinson, the Superintendent Nursing Officer left in September and was greatly missed. It was fortunate that in her successor, Miss Gilbertson, who was appointed in November, the staff found someone whom they had known as a health visitor for seven years and a mental welfare officer for eleven years. Miss Willis, a senior health visitor, commenced a Health Visitors' Tutors' course in September and, on successful completion of this course, will join the Health Visitors' Training School at the College of Technology as assistant tutor.

Lord Mayor's Reception in honour of the completion of the General Practitioner/Nursing Staff attachment Scheme

Full establishment of health visitors has been maintained throughout the year. The very few staff changes have promoted essential stability and continuity to the service. The post-entry training scheme for student health visitors is of value in maintaining full establishment, since the students, at the termination of their contract, frequently wish to remain as a health visitor in the department.

The Superintendent Nursing Officer has continued to serve on the Nursing Education Sub-Committee of the United Oxford Hospitals School of Nursing, Miss K. J. Hayes (a health visitor) has again served on a sub-committee of the Standing Medical Advisory Committee concerned with the medical functions and staffing of child welfare clinics.

2. Home visits by health visitors during the year

The following table shows the visits made during the year:—

To expectant mothers	1,532	4%
To children born in 1966	8,229	76%
To children born in 1965	7,380	
To children born in 1961—1964	14,372	
To persons aged 65 years or over	6,075	15%
To mentally disordered persons	964	3%
To persons discharged from hospital (other than mental hospitals or maternity homes)	336	2%
To tuberculous households	69	
To households visited on account of other infectious diseases	442	
	39,399	

Comments on these figures

(i) All the visits recorded were "effective" visits.

(ii) Visits to expectant mothers are mainly to hospital booked mothers. The number of hospital deliveries of City mothers was 1,182, so that 1,532 represents a fair coverage.

(iii) There was a decrease in the number of visits paid to children under the age of five years—29,981 compared with 32,045 in 1965.

(iv) Persons aged 65 years or over (1,277) were visited by health visitors on 6,075 occasions during the year. This represents a further increase of the visiting of the elderly compared with previous years. The increase is in a large part the result of the attachment of health visitors to family doctors, and is to be welcomed. Much valuable work is done in safeguarding the health and welfare of the elderly.

(v) An appreciable number of visits were undertaken to mentally disordered persons. This should be regarded as an indication of the increasingly important role of the family doctor team in the care of such patients.

(vi) It will be seen from the table that other miscellaneous duties include the follow-up of persons discharged from hospital. This work necessitates the closest co-operation with the various relevant sections of the health department and the hospital staff as well as the family doctor. It is pleasing to be able to record the excellent relations which exist between the sections of the health service.

(vii) Comments on the work of the two health visitors who are attached part-time to the Chest Clinic will be found in the Infectious Diseases section of this report.

3. Liaison with hospitals

There is frequent contact between hospitals and health visitors. A health visitor attends the paediatric, asthma and diabetic clinics; two rounds of the maternity wards each week and a monthly session at Littlemore Hospital. One health visitor also undertakes liaison work with the venereal diseases clinic. This close liaison is of great importance to the subsequent care of the patients.

4. Work at child welfare clinics

One or more health visitors were present at all the 1,564 child welfare clinic sessions, including the 589 sessions restricted to practice patients.

5. Teaching and Health Education

The health visitors played a prominent part in organising an exhibition of the nursing and home help services at the Information Centre.

The expansion of the parentcraft classes, described in the maternity section, has been strongly supported by the health visitors.

Health visitors have continued to take a major part in the professional teaching undertaken by the health department.

6. Refresher Courses

Four health visitors attended refresher courses during the year. One health visitor also attended a special course on "The Care of the Elderly".

7. Health Visitor Training

Five students were sponsored by the City for the course commencing in September at the College of Technology. A sixth student was unable to attend the course, due to ill-health. The five students of the previous year were all successful in gaining their Health Visitors' Certificate in June. One of them, Mrs. Davies—previously a member of the district nursing staff, gained a distinction.

B. DISTRICT NURSING

1. Staff

The service has once again been well staffed throughout the year. On December 31st, in addition to the senior nursing staff 29 nurses were employed, making an equivalent full-time staff of 21½. This represented a full establishment. Nineteen of these nurses were Queen's nurses of whom 11 worked full-time and 8 part-time. There were 8 state registered nurses, 3 full-time and 5 part-time and one full-time state enrolled nurse. One bath orderly worked for 20 hours a week.

It was with considerable regret that the news of the resignation of Miss Atkinson, Superintendent Nursing Officer, was received. Miss Gilbertson was welcomed as her replacement in November. At the end of December Miss Pugh, for thirty-four years a district nurse in Oxford retired, after a life-time of devotion to her nursing duties. She will be greatly missed.

District nurses have demonstrated their work to medical students and student nurses. Senior nurses have taken part in the Home Help training scheme and have assisted once more in the Duke of Edinburgh Award training scheme for girls. The district nurses made a valuable contribution to the exhibition of domiciliary nursing and home help services held in April at the Information Centre.

2. Equipment

The use of disposable equipment has continued to be of value in providing increased precaution against infection as well as economy of nursing time. Discussions have been held on the use of pre-sterilised equipment and it is hoped to introduce this service in the future.

3. Cases nursed during the year.

The following table shows the source of new patients during the year and includes figures for the three previous years for comparison:—

	1963	1964	1965	1966
General practitioners	1,653	1,686	2,089	2,273
Hospitals	72	60	69	104
Direct application	67	39	26	20
Other sources	7	7	11	6
Totals	1,799	1,792	2,195	2,403

The number of cases nursed and visits paid in different categories and ages is shown in the following table:—

Classification of patients nursed during year

	Number of cases attended				Number of visits			
	Under 5 years	5—64 years	Over 65 years	Total cases	Under 5 years	5—64 years	Over 65 years	Total visits
Medical	237	854	1,110	2,201	1,028	11,170	31,437	43,635
Surgical	36	299	225	560	210	4,177	6,052	10,439
Infectious diseases ..	—	2	—	2	—	41	—	41
Tuberculosis	—	35	3	38	—	2,186	54	2,240
Maternal complications	—	38	—	38	—	436	—	436
	273	1,228	1,338	2,839	1,238	18,010	37,543	56,791

Patients (included in the above table) who received more than 24 visits during the year:—

Patients	*Visits*
515	37,444

Also included in the above table were 264 visits paid in the late evening, 219 of which were for giving sedatives and 45 for other purposes.

During the year 340 visits were made by patients to the branch homes for a variety of treatments.

Comments on these figures

There was again a substantial increase in the number of cases nursed during the year—2,839 compared with 2,566 in 1965, and the total visits increased from 48,885 to 56,791. Referrals from general practitioners are still increasing, thus reflecting the closer and more effective working relationship between nurses and general practitioners.

Children under 5 years showed a small increase, but continued to provide very little work. Only 1,238 visits were paid to the 273 patients in this category.

Visits to patients over 65 years of age accounted for 37,543 out of a total of 56,791—i.e. 66% compared with 60% in 1965.

There was a slight increase in the number of visits paid to tuberculous patients, 2,240 compared with 1,857 last year.

The number of patients requiring more than 24 visits during the year rose from 446 last year to 515. The total number of visits required by these patients increased from 29,543 to 37,444.

Types of treatment given

The following table shows the treatments given during the past four years:—

	1963	1964	1965	1966
Injections—				
(1) Insulin	4,948	3,581	2,927	3,905
(2) Streptomycin	4,058	3,297	2,372	2,674
(3) Penicillin and other antibiotics	5,355	4,793	4,932	5,544
(4) Any other injections	8,212	9,242	10,403	10,359
Baths	5,768	4,612	5,742	6,415
Dressings	7,082	6,534	9,791	11,121
Enemas and bowel washouts	661	485	746	1,256
Genito-urinary treatments	344	473	732	889
General nursing care	10,708	12,371	13,128	17,721
Any other treatments	291	205	708	1,093
Totals	47,427	45,593	51,481	60,977

There was a considerable increase in the total number of treatments given compared with the three previous years. The administration of injections accounted for a large proportion (37%) of these. In spite of the fact that the policy of encouraging the self-administration of insulin by patients has continued, there has been an increase in the number of insulin injections given by nurses.

An analysis was made of "other injections", they can be classified as follows:—

Iron	1,472
Vitamin	3,016
Diuretic	3,817
Sedatives	377
De-sensitising	166
Gland extract and hormonal	1,324
Prophylactic inoculations	187
	10,359

Arrangements whereby nurses can treat ambulant patients at the surgeries have continued. The success of the pilot scheme at 12 Old High Street, Headington, described in the 1965 Annual Report was such that it was extended in September so that another nurse was employed at a surgery at 274 Iffley Road—again for five hours a week. Nurses, therefore, attend at three surgeries and at Blackbird Leys Health Centre to provide a nursing service. Analysis of the work undertaken at these sessions is shown in the following table.

Classification of Patients

	Number of cases				*Number of visits*			
	Under 5 years	*5-64 years*	*Over 65 years*	*Total cases*	*Under 5 years*	*5-64 years*	*Over 65 years*	*Total visits*
Blackbird Leys Health Centre *Commenced* 1960. *Daily* 4 *p.m.*								
Medical	69	119	2	190	167	372	3	542
Surgical	49	143	4	196	119	406	24	549
Tuberculosis	—	3	—	3	—	127	—	127
Maternal complications	—	3	—	3	—	25	—	25
	118	268	6	392	286	930	27	1243
Manor Road Surgery *Commenced November* 1964 *Daily* 4.30 *p.m.*								
Medical	—	204	9	213	—	395	61	456
Surgical	14	148	5	167	39	360	47	446
Tuberculosis	—	5	—	5	—	98	—	98
Maternal Complications	—	1	—	1	—	7	—	7
	14	358	14	386	39	860	108	1007
Surgery, 12 Old High Street, Headington *Commenced February,* 1965 *Monday and Wednesday at* 5.45 *p.m.*								
Medical	9	323	19	351	18	540	36	594
Surgical	4	33	1	38	4	57	8	69
Maternal complications	—	2	—	2	—	6	—	6
	13	358	20	391	22	603	44	669
Surgery, 274 Iffley Road *Commenced September* 1966 *Tuesday and Thursday at* 5 *p.m.*								
Medical	—	62	4	66	—	66	4	70
Surgical	3	23	—	26	3	38	—	41
	3	85	4	92	3	104	4	111

Types of treatment given

	Blackbird Leys Health Centre	*Manor Road Surgery*	*Surgery, 12 Old High Street, Headington*	*Surgery, 274 Iffley Road*
Injections—				
Insulin	27	—	—	—
Streptomycin	188	98	—	—
Penicillin and other antibiotics	458	48	3	3
Iron	70	49	—	—
Vitamins	4	172	10	5
De-sensitising	—	20	53	—
Gland extract and hormonal	11	—	—	—
Prophylactic inoculation	17	20	262	20
Preparation for vaccination against smallpox ..	—	183	—	—
Dressings	582	410	72	46
Enemas and bowel washouts	2	1	—	—
Genito-urinary treatments	—	3	—	—
Ear syringing	—	—	61	20
Cervical cytology ..	—	—	93	13
Antenatal examinations ..	—	—	13	—
Haemoglobin estimation	—	—	33	—
Blood pressure estimation, urinalysys and weighing	—	—	38	—
Miscellaneous	2	3	44	13
	1,361	1,007	682	120

4. Training School

Two courses of training for the Queen's Roll were held during the year. The examination was taken by 11 students, 10 of whom passed at the first attempt.

The students were classified as follows:—

Staff students	5
*Students sent by other Local Health Authorities	6
	11

*Students came from Oxfordshire and Buckinghamshire.

5. Loan of nursing equipment

(*a*) The provision of incontinence pads has continued, 13,500 were distributed through the district nursing service. A small stock of pads is maintained for distribution to patients not attended by the district nursing service, and 11 persons were helped in this way. The pads are disposed of in the patient's own homes, either by burning or by placing them, wrapped in polythene bags, in the dust-bin. A local branch of a large store has kindly continued to provide a free supply of these polythene bags.

(*b*) An electric razor, two blankets for temporary use by patients whilst their own are being laundered, and thirteen acrilan pads were purchased. The latter have proved very helpful in preventing pressure sores in patients confined to bed for long periods. These items are all loaned to patients requiring them.

An electronic selector, designed by engineers at Stoke Mandeville Hospital, is being supplied for the use of a patient totally paralysed as the result of multiple sclerosis.

(*c*) **Co-operation with the British Red Cross Society.**

We are once again indebted to the British Red Cross Society for their ready co-operation in supplying nursing equipment to patients.

In the financial year 1966/67 the City Council paid the Society a grant of £350.

Details of the equipment loaned in the City during 1966 are as follows:

Air rings	104	Fracture boards	11
Back rests	101	Hospital beds	8
Back rests (padded)	4	Infra red lamps	2
Bed blocks (sets)	10	Mattresses (Dunlopillo)	3
Bed cradles	56	Medical sheepskin	1
Bed pans	155	Penrhyn hoists	16
Bed pans (rubber)	12	Ripple beds	1
Bed tables	11	Rubber sheets	134
Book rest	1	Scales	3
Commodes (chair)	167	Urinals	69
Commodes (stool)	52	Walking sticks	11
Crutches (pairs)	15	Wheelchairs	182
Electric alarm unit	1		
Electric bells	2		1,149
Feeding cups	17		

From 1st April, 1966, the provision of walking aids was taken over from the Welfare Service Division; up to the end of December 151 aids had been supplied.

(e) HOME HELP SERVICE

(Dr. Hall)

1. Cases helped

(*a*) Classification of cases helped in the last three years:—

	1964	1965	1966
Maternity	118	112	123
Acute illness	59	75	61
Chronic sick	67	88	100
Mentally disordered	5	18	13
Other	56	15	15
All patients over 65 years	585	644	686
Totals	890	952	998

(*b*) Patients receiving continuous help throughout the year during the past three years:—

1964	385
1965	425
1966	467

The continuous maintenance of elderly and chronic sick in their own homes again shows an increase from last year.

(*c*) Continuous daily help throughout the year was provided for 15 cases as compared with 11 last year and 11 in 1964.

2. Finance

Classification for payment during the last three years has been as follows:—

	1964	1965	1966
Full payment	238	233	241
Assessed for part payment	255	236	264
Free	397	483	493
Total cases helped	890	952	998

At the end of the year two cases were receiving help at a reduced rate by Committee decision.

The revised assessment scale which took effect from January has been in operation for one year. This has proved successful, no real difficulties having been encountered.

3. Staff

The following table shows the home help staff employed at the end of the last three years:—

Establishment: equivalent of 57 full-time, of which 12 may be employed full time, amended in March 1966 to 60 full-time equivalents in view of reduced hours of the working week for home helps.

	1964	1965	1966
Full-time—42/40 hours	7	5	5
Part-time—27, 24 and 20 hours	76	82	71
Part-time—less than 20 hours	37	50	54
	120	137	130
Equivalent to full-time	48	59	60

Recruitment has been steady throughout the year with comparable loss of workers. Domestic commitments inevitably take priority amongst women available for this type of work, and consequently a large amount of effort is involved in maintaining the present strength.

4. Maternity service

The number on the register is eight. These home helps have covered the majority of maternity cases, and the scheme continues to operate most satisfactorily.

5. Training

An average of 21 home helps in their first year's service attended a series of lectures at 29/31 George Street. These have proved very helpful indeed and have done much to initiate each new home help as a member of the domiciliary health team. Plans for refresher courses for established home helps have been made for 1967.

6. Exhibition

The home help service made a valuable contribution to the exhibition of nursing and home help services held at the Information Centre in April.

(f) RECUPERATIVE HOLIDAYS

(Dr. Hall)

During the year recuperative holidays were arranged for 23 persons (17 in 1965), 5 of whom were over 65 years of age.

All applicants were satisfactorily accommodated and no difficulty was experienced in booking accommodation at seaside homes during the summer months.

The sources of recommendation for holidays were as follows:—

(*a*) General practitioners	21
(*b*) Hospitals	2

Applicants were assessed to pay as follows:—

Persons making payment in full	1
Persons making part payment	2
Persons making no payment	20

The cost to the City Council was £152 11*s.* 4*d.* plus travelling expenses for 18 persons.

Applicants were received at the following Homes :—

	Male	*Female*	*Children*
Beams Convalescent Home, Bognor Regis	—	1	—
Bell Memorial Home, Lancing	—	8	—
Church Army Home, Bexhill	—	2	8
Eidelweiss Convalescent Home, Colwyn Bay	—	1	—
Holly Lodge, Felixstowe	—	1	—
St. John's Convalescent Home, Northampton	1	1	—
	1	14	8

(g) CERVICAL CYTOLOGY

(Dr. Hall)

The scheme for population screening for carcinoma in situ of the cervix, commenced in March 1965, continued throughout this year. The number of requests received for this examination increased considerably following the Panorama programme on Cancer shown on B.B.C. Television in February. An informative article on the women's page of the local paper produced a disappointingly small return. Several local stores and factories have co-operated in providing facilities for clinics to be held on the premises and have encouraged their employees to attend. These clinics have been staffed by members of the health department.

During 1966 the following numbers were dealt with (1965 in brackets):

Request cards received	3,814	(1,610)
Number of patients examined	3,039	(1,370)
Persistent non-attenders	88	(27)
Patients unable to be examined ..	160	(35)
Number of sessions held—		
(i) Local authority staff	175	(222)
(ii) General practitioners	128	(86)

The ages of the women examined during the year and the number of children they have had is shown in the following table:—

Age (years)	Number of children												
	0	1	2	3	4	5	6	7	8	9	12	Not stated	Total
—25	142	95	89	21	3	—	—	—	—	—	—	7	357
26—29	51	68	145	59	11	3	1	1	—	—	—	2	341
30—34	43	84	221	105	40	7	3	3	—	—	—	3	509
35—39	41	75	212	96	53	14	7	3	1	1	—	3	506
40—44	44	99	158	119	32	13	5	—	2	1	1	5	479
45—49	38	64	133	61	27	6	6	5	—	1	—	—	341
50—54	36	51	74	55	20	1	2	1	—	—	—	1	241
55—59	16	35	54	16	16	6	2	—	—	—	—	1	146
60+	6	19	14	11	7	—	3	—	1	—	—	—	61
Not stated	7	15	18	6	6	1	1	—	—	—	—	4	58
Total	424	605	1118	549	215	51	30	13	4	3	1	26	3,039

The following results were obtained:—

Negative smears	3,015	(1,356)
Suspicious or doubtful smears confirmed by biopsy	13	(8)
Suspicious smears not confirmed by:		
(i) repeat smear	2	(—)
(ii) biopsy	4	(1)

Doubtful smears not confirmed by:		
(i) repeat smear	—	(2)
(ii) biopsy	—	(—)
Suspicious smears awaiting further investigation	4	(2)
Doubtful smear—follow-up impossible ..	1	(1)
Other gynaecological abnormalities detected	277	

The age and parity of the thirteen patients with confirmed carcinoma in situ were as follows:—

Age (years)	Number of children						Total
	0	1	2	3	4	5	
25—29	—	—	1	—	—	—	1
35—39	—	1	—	1	—	—	2
40—44	1	2	1	—	—	—	4
45—49	1	1	2	1	—	1	6
Total	2	4	4	2	—	1	13

The incidence of confirmed carcimona in situ was, therefore, 13 per 3,039 patients examined, or 4.3 per thousand as compared to 5.8 per thousand in 1965. This is a low incidence compared to the more frequently quoted figure of 6 or 7 per thousand, Seven thousand women should be examined annually if all women in the City are to be screened every five years. Of the 3,814 women requesting this examination in 1966, 2,613 were Oxford residents. Other Oxford City women also had this examination at gynaecological and postnatal out-patient clinics, at family planning clinics and in general practitioner surgeries. Three thousand three hundred and twenty-four women from the Oxford area have been examined at these clinics, but the actual number of "at greater risk" City women involved cannot be ascertained.

It is difficult to persuade women to avail themselves of the opportunities for the cervical smear test. Further consideration is being given as to the best method of approaching the women. A publicity campaign is being planned for 1967 and a poster, designed by the art students at the College of Technology is being prepared. It is hoped that this will provide the necessary publicity to supplement the posters and pamphlets which have been used in the past. It is, nevertheless, the personal recommendation of someone who has had the examination or the individual approach to patients by health visitors which have continued to promote the continuing requests for the test.

(h) HEALTH EDUCATION

(Mr. Derek Lewis—Health Education Officer)

Since the publication of the report by the Joint Committee of the Central and Scottish Health Services Councils (Cohen Report) on Health Education, in 1964, a number of local authorities have taken up the recommendation to appoint a Health Education Officer. Basically his function is to create an awareness, in all sections of the community, of the need for good health and the problems associated with attaining this objective. To foster attitudes and positive behaviour which will lead the public to value both personal and community health.

During the past few years, Oxford has been fortunate in having the services of Dr. Julia Dawkins to implement and advise on Health Education in the city schools. With her departure during the year to take up a post with the Ministry of Health, it was decided to appoint Mr. Derek Lewis as Adviser in Health Education with a joint responsibility to the Education and Health Departments.

The post provides an opportunity to co-ordinate and relate the Health Education programme carried out in schools, to the information and health services available to the public in general. The interest and quest for information on matters of health both in school and among outside organisations can be better served by utilising and mobilising the extensive field of medical and educational specialists, together with the more economical use of the joint facilities for visual aids and teaching-lecturing materials. The scope of the work may be extended beyond the schools to cover voluntary organisations, industry, student bodies, displays, parent associations, all of which have been included during the course of the year.

Much remains to be done in this field of preventive medicine to reduce the needless anxiety and suffering which continues to exist in many cases due to ignorance and apathy. The public must be made aware of the contributory factors producing an ever increasing number of accidents in the home. Few people seem to realise that the home has become a more dangerous place than the road outside; shown by the fact that the number of deaths from road accidents are less than the number which occur in the supposed safety of the home. Dental caries is rife and yet could be greatly reduced in early years of childhood by means of regular visits to the dentist together, with greater attention to the amount of "sugary" substances consumed. There are many problems associated with personal relationships and mental health which can create tension and anxiety. The simplicity and ease with which certain types of cancer may be prevented must be appreciated. The benefits to be derived from clean air, food hygiene and of course the advice and help available through maternity and child welfare services must be even more widely accepted.

These are but a few of the fields in which the public can be encouraged to do something active to guard their health.

Much of the work has been, and must continue to be done on the basis of a person to person approach such as through the advice and guidance given at the school medical inspections by doctors, dentists and nurses, and in the informal atmosphere of the home visit by the Health Visitor, District Nurse and Midwife. Despite these valuable contributions there are times when it is obviously more suitable and economical in terms of time, staff and effort, to lecture, talk and discuss with larger groups, and to make available for them films, slides and other material which will be of help.

There has been a very welcome increase in parentcraft classes conducted by partnerships of general practitioners, together with their attached health visitors and midwives.

	Number Registered		Total Attendances	
	1966	1965	1966	1965
Bury Knowle	21	50	51	163
Donnington	54	34	356	108
Summertown	93	45	328	177
Temple Cowley	32	—	135	—
	200	129	870	448

The classes provide the expectant mothers with increased confidence and understanding of the physical changes which take place before and during child birth. Consideration is given to preparing the mother to cope with the numerous situations which will arise after the event. Classes vary, but follow a general pattern which may include a simple knowledge of the development of the foetus, an understanding of female anatomy, the mechanisation of labour and the process of childbirth, breast and bottle feeding, and how the father may be of help in the home. Wherever possible, husbands are invited to attend these classes so as to make the event a family centred one and to bring enjoyment and pleasure in raising a family.

Discussions and talks are supported with a selection of films, slides and other visual aids.

The increasing dependence upon the mass medium of television has inevitably led to the need for a more scientific and sophisticated approach in the presentation of health topics. People have become conditioned to this technique and health education must capitalise on this demand for visual information with the judicious use of films, slides and cassette projectors, to further illustrate and emphasise talks.

A health education centre has been established in which it is eventually hoped to provide an extensive supply of propaganda, projectors, films, slides, film strips, flannelgraphs and other audio-visual aids. These

will be available for use in all the many areas associated with the health of the individual or the community, including schools.

A tape recorder was purchased and immediately put into use in a selection of illustrated in-service talks to doctors and health visitors on "Variola Minor" and the "Battered Baby Syndrome". Its use was extended to include a similar talk to the staff of the Children's Department.

On several occasions staff have been shown a selection of newly available films and filmstrips which they may find of value in their particular field.

During the year there were 98 film showings which has kept the film projector well booked. Unfortunately, the filmstrip projector was only used a couple of dozen times. This most useful aid should be used far more than it is. In many ways it is superior to the normal film in promoting discussion and presenting information. A course on using the film projector was organised for health visitors. The pooling of joint health and education department projectors and staff made it possible to train nine health visitors in a very short period of time.

Health Visitors, on whom much of the main responsibility for health education lies, have been active in a variety of schools. Their contribution as outside speakers and specialists on topics such as first aid, growth and development, health services and in running courses leading to the certificate in maternal and child care, have proved invaluable. Those who have established a close relationship and rapport with pupils also find themselves called upon to help with the more personal problems. Assistance has been given in preparing schemes of work and in the preparation and selection of suitable material for use in the classroom. Health education at this stage forms a sound basis for the girls when they later attend the parentcraft classes and infant welfare clinics.

Due to the nature of the infant welfare clinics it is difficult to provide discussions or talks for the mothers attending. Health education in such circumstances has often been limited to individual advice and the availability and display of posters and leaflets. Arranging for a monthly film show does appear to have proved successful at one clinic. Two films have usually been presented, one on a health subject which is of appropriate interest to the mothers, the second brief, light and intended for the accompanying children. Only a few words of introduction to the film are given. Anything more formal with children running around and mothers coming and going would defeat its own ends. Yet the mothers say they have found it well worth while.

The perennial appeal for care and safety with fireworks was again made. In addition to providing posters for clinics, schools, industry, and other bodies, slides were shown at all the cinemas. In association with a Fire Prevention Officer from the Fire Brigade Service, a talk was given and a "Best Guy" competition judged at a Minors Matinee cinema performance.

"HEALTH EDUCATION"
CERVICAL CYTOLOGY POSTER

Senior members of staff gave a variety of illustrated lectures to student groups working in the field of public health.

The film "Stage O" explaining the process and techniques involved in cervical cytology was shown to an audience of local authority doctors, general practitioners and health visitors. The film was followed by a talk and the answering of questions by a senior member of staff.

During the year it was decided to design a new poster to stimulate attention and response to the cervical cytology programme. The Oxford College of Technology was approached for advice and proved most helpful and enthusiastic about the idea, eventually designing and producing the poster, a photograph of which appears in this report. It is intended to display the poster widely during the coming year.

Two displays were staged at the Carfax Information Centre. The first on the subject of Clean Air and the second demonstrating the wide range of responsibility of the Domiciliary Nursing and Home Help Services provided by the local health department.

(i) NURSING HOMES

(Dr. Leyshon)

The Register

At 31st December, 1966, the Homes on the Register were as follows:—

Home	*Number of Beds*	*General Purpose*	*Year of Registration*
Acland 23/25 Banbury Road	30	Acute medical and surgical cases	Re-registered November 1962, under the Management of the Nuffield Nursing Homes Trust
Hurdis House, Cowley Road Hospital, Cowley Road	40	Convalescent elderly patients. Admission only from Cowley Road Hospital. Local authorities accept financial responsibility for some residents under Part III of the National Assistance Act	1965, under the National Corporation for the Care of Old People
St. John's, St. Mary's Road	61	Elderly frail and chronic sick women	1950
St. Luke's, Linton Road	33	Patients for convalescence and rehabilitation. Period of stay normally not more than 8 weeks. There is a contractual arrangement with the Regional Hospital Board.	1957

Nine visits were made to the four homes during the year.

Work began on the first phase of the extension to St. Luke's, which it is hoped will be completed by 1967. A new attractive sun lounge has also been added.

(j) DOMICILIARY OCCUPATIONAL THERAPY

(Dr. Leyshon)

This has been a difficult year owing to staff shortages and much of the Services activity has had to be curtailed. Mrs. Brockett left in April, and Mrs. Treen in July. A part-time assistant, Mrs. Knight, commenced in September.

By the end of the year there were sixteen new patients on the waiting list who had not been visited at all as there are already more patients under treatment than can adequately be covered by the $1\frac{1}{3}$ staff. The social group meeting was discontinued in July as this too was impracticable with a depleted staff. Up to July it had continued to be a great success and was very popular. It is hoped to re-commence the group again as soon as possible.

The number of patients in the care of the service shows a further slight increase though many were only given one or two occasional visits.

	1963	1964	1965	1966
Total on 31st December ..	134	160	185	197
New Referrals	50	75	81	46
Waiting List	—	—	—	16
Withdrawn	33	49	56	34

The number of patients visited in connection with aids to daily living shows a further increase and none of these were put on the waiting list as obviously their needs were more urgent.

	1963	1964	1965	1966
Bathing aids (Seats, mats, rails, etc.)	6	10	19	28
Alterations to furniture ..	4	15	8	14
Raised toilet seats and/or handrails	1	5	10	14
Small gadgets	5	15	10	10
Advice only	—	4	7	23

A new system for issuing aids was commenced during the year which proved very helpful and speeded up the supply. A small stock of aids was held by the O.T. Service and these were issued on temporary loan for trial periods or until such time as the item was purchased and then issued permanently to the patient.

The income from sales of patients' work through the Blind and Handicapped Shop continued to show an increase. This was mainly the result of the enormous turnover of lampshades. Large quantities of material can be supplied to the patients and the finished goods collected a fortnight or month later instead of the normal weekly visit made when fully staffed. 192 lampshade orders to the value of £275 were carried out during the year; all other types of goods on special order numbered 180, to the value of £158. The total sales in the shop and the cash returned to patients in recent years has been as follows:—

	1963	1964	1965	1966
Total sales	£1,250	£1,398	£1,608	£1,810
Cash returned to patients	£600	£694	£791	£1,022

The annual Craft Competition, Exhibition and Garden Party was held in May, and Mrs. Brockett gave a great deal of assistance for this although she had already left the Service. As Cage Birds are very popular with the disabled, a Cage Bird Section was included, and a small trophy was presented anonymously, which it is hoped will be competed for annually. The donation of this is gratefully acknowledged.

As a result of the funds raised at the Garden Party, a group of 30 disabled people were taken by the Occupational Therapists for a day's outing to Bognor Regis. This was a tremendous success and the weather was perfect. It is hoped to make this an annual event when the Service has the full complement of Staff.

During the year the 4th International Congress of the World Federation of Occupational Therapists was held in London, and included a pre-Congress Study Course in Oxford. Miss Gould and Mrs. Treen were able to attend some of the lectures in Oxford and also took visiting delegates on home visits, an experience enjoyed equally by the patients and foreign Occupational Therapists. Miss Gould attended one day of the Congress week in London.

(k) CHIROPODY

The Council's scheme provides treatment for the elderly or physically handicapped.

We are fortunate in having the assistance of seven local chiropodists, who work on a sessional basis. The service has however been under a strain, because of the difficulty of recruiting more chiropodists to meet expansion. Chiropodists are unwilling to give up their private practice and become full-time or even part-time employees of the Council. In spite of an increase in sessional fees, it is proving very difficult to attract local chiropodists to take on more sessional commitments.

The majority of elderly people who need treatment are able to attend the sessions held at the Old People's Clubs, under the auspices of the Oxford Council of Social Service. These sessions are open to non-members

of each club. An additional club was opened during the year at the Northway Community Centre and this brings the total of clubs up to thirteen (see table). Several of the existing clubs increased their number of chiropody sessions.

Chiropody provides a simple but effective method of keeping elderly people mobile, some of whom would be housebound without this help. For those unable to attend a club session, transport is available to take them to Iffley House Old People's Home for chiropody treatment. Sessions for the residents are held at all Old People's Homes without any charge for treatment. Domiciliary chiropody can be made available for housebound persons. There is a normal charge of 2/6 per treatment at home or in the clubs.

Time Table of Chiropody Sessions at Old People's Homes

Day	*Place*	*Time*		*Chiropodist*
Monday	Regal Residents' Hall, Shelley Road	2.30 p.m. to 5 p.m.	(fortnightly)	Miss Cooper
	All Saints' Hall, New High Street, Headington	2.30 p.m. to 4.30 p.m.	(fortnightly)	Miss Whittaker
	Beveridge House	10 a.m.	(fortnightly)	Miss Cooper
Tuesday	Cutteslowe, Wolsey Road	2.30 p.m. to 5 p.m.	(fortnightly)	Miss Whittaker
	Rose Hill Community Association Old People's Club, The Oval, Rose Hill	3.0 p.m. to 5 p.m.	(weekly if necessary)	Miss Cooper
Wednesday	Wolvercote Village Hall	3 p.m. to 5 p.m.	(monthly)	Miss Cooper
	South Oxford Silver Threads, Community Centre, Lake Street	3 0 p.m. to 5 p.m.	(weekly if necessary)	Mrs. Juniper
	Cowley Friendship Club, Congregational Hall, Temple Cowley	2.0 p.m.	(weekly)	Mr. McGarrity
Thursday	Northway Community Centre	3.0 p.m. to 5 p.m.	(monthly)	Mrs. Juniper
	Senior Citizens' Club, 53 George Street	p.m.	(weekly)	Mr. Bradey
	St. Margaret's, 101 Banbury Road	3.0 p.m. to 5 p.m.	(fortnightly)	Miss Cooper
	The Golden Circle, Blackbird Leys	Thursday p.m.	(every 3 weeks if necessary)	Mrs. Juniper
	Headington Community Centre, Gladstone Road	4.0 p.m. to 6 p.m.	(fortnightly)	Miss Singleton

Summary of Work

Place of Treatment	1965 *Patients*	1965 *Treatments*	1965 *Sessions*	1966 *Patients*	1966 *Treatments*	1966 *Sessions*
Old People's Clubs ..	481	1,989	329	530	2,338	351
Transport Sessions ..	111	440	73	111	455	74
Patients' Own Home	48	223	*45	68	217	*43
Old People's Homes ..	377	2,014	307	360	1,989	256
Totals	1,017	4,666	754	1,069	4,999	724

* A nominal figure based on 5 domiciliary treatments per 3-hour "session".

There has been a further small increase in the number of patients and the number of treatments.

The more expensive domiciliary treatments still form only a small part of the total, 4.3% (4.8% in 1965).

The average number of treatments per three hour session for all the service is 6.9, which agrees well with a recent recommendation of the Society of Chiropodists. Each patient received on average of 4.6 treatments during the year.

(l) AID-IN-SICKNESS CHARITIES

(Dr. Leyshon)

The Medical Officer of Health is represented on the Committee of the charity which provides aid under three main headings.

1. Domiciliary Physiotherapy Service

A full-time Physiotherapist is employed to give treatment at home to patients who are unable, by reason of ill-health, to make regular visits to hospital and who cannot afford the services of a private Physiotherapist. Patients can make a voluntary contribution towards the cost of their treatments.

Introduction is through the family doctor, by application form to the "Oxford Mobile Physiotherapy Unit", c/o The Department of Physical Medicine, The Radcliffe Infirmary, Oxford, or in emergency, by telephoning the Physiotherapist, Miss M. Gray, S.R.P., at her home, Oxford 59537. This service is not as well utilised as one would like, perhaps because of lack of awareness of its existence. It could be of invaluable help in the early treatment of such acute conditions as chest infections, "strokes", and lumbago, etc.

Summary of work for the past 4 years

	1963	1964	1965	1966
Total treatments	1513	2006	1450	1305
Total patients	333	480	378	402

2. The Lying-in Charity

Urgent applications via the Supervisor of Midwives are approved by the Medical Officer of Health who then informs the charity. No grants were made this year.

3. Other Charitable Grants from General Fund

Six cash grants ranging from £5 to £15 were made during the year. These apply when urgency makes relief by statutory bodies slow or uncertain.

Even an immediate grant of as little as £5 may raise the morale of a family to such an extent that they are later able to cope for themselves.

(m) HOUSING ALLOCATION ON MEDICAL GROUNDS

(Dr. Leyshon)

The Housing Department make available up to 25 permanent dwellings, and as many empty temporary dwellings as may be necessary, to cases with illness or severe hardship. These cases are considered by the Housing (Special Allocation) Sub-Committee which meets about once a month.

All such "Special Allocations" are made without reference to the points situation of the applicant.

In the general scheme, points continue to be awarded to families which contain persons on the Blind or Partially-Sighted Registers, or cases of open Tuberculosis recommended by the Consultant Chest Physician.

A recommendation concerning a medical need for rehousing usually starts with the family doctor who submits a certificate on behalf of the applicant, stating the reason why he feels the applicant should be rehoused. Such recommendations are investigated and assessed by the Medical Officer of Health, who reports his findings to the Housing Department. Those cases which prove to have medical grounds for rehousing, are then considered by the Housing (Special Allocation) Sub-Committee. Medical priority is based on the danger to life or health of the applicant or any of his family, and priority is graded as low, intermediate or high.

A case with low priority does not usually result in immediate approval for rehousing, but it gives the Sub-Committee notice of cases in which priority may become higher. It is unfortunate that due to the demand for housing, applicants in this category may have to wait for a deterioration in health before their priority becomes higher, and they can be rehoused.

Cases investigated

	1966	1965
Applications for housing on medical grounds	128	144
Recommended for rehousing	76	80
Not recommended	37	56
Application withdrawn, or dealt with by another procedure	15	8

Cases recommended for rehousing

Low priority	38	39
Intermediate priority	34	38
High priority	4	3

41 of working age, 30 over retirement age and 5 children.

The Medical Condition of Recommended Cases

Diseases of Heart and Lungs	29
Systemic Disease	12
Disease of locomotor system (Excluding all neurological disease)	12
Neurological disease (Including cerebro-vascular accidents)	10
Mental ill-health	13
	76

Cases approved by Sub-Committee for rehousing

Permanent dwellings (Including old people's flatlets)	30
Temporary dwellings	5
	35

SECTION IV

INFECTIOUS DISEASES

Report by Dr. R. P. Ryan,
M.B., B.S., D.P.H.
Deputy Medical Officer of Health.

(a) EPIDEMIOLOGY

Streptococcal Infections

Only 13 cases of scarlet fever were notified, one fewer than last year's figure, which itself was a new low record. Twelve cases of erysipelas were recorded. All these notifications were sporadic cases, evenly distributed throughout the City.

Whooping Cough

Thirty-three cases of whooping cough were notified, 12 more than last year, but well below the average for the five years 1961—1965, which was 46. Sixteen of them (48%) were from Summertown and Wolvercote ward. Four cases occurred in children of less than a year old, and it is in early infancy that whooping cough is potentially dangerous.

Poliomyelitis

No case was notified. The last occurred in 1961.

Diphtheria

No case was notified. The last occurred in 1949.

Infection with Corynebacterium ulcerans was reported on two occasions. The first was in a boy at an independent boarding school, who complained of a sore throat shortly after coming back for the Michaelmas term. The organism was grown from a throat swab. The boy and his identical twin brother, who had similar symptoms, were admitted to the Slade Hospital, and swabs were taken from the twin and other immediate contacts at the school. From none of these was the organism grown. The twins made swift recoveries from their indispositions; and following antibiotic treatment, negative throat swabs were obtained from the infected boy, and both were allowed back to school.

On the second occasion, the patient was a young woman who worked in an office. She also had been complaining of a sore throat, and the organism was grown from a throat swab. She was allowed to remain at her flat, and later to go to her parents' home in Leicestershire. The Medical Officer of Health of the district was informed and arranged follow-up. After treatment, negative throat swabs were obtained and she returned to Oxford to work. Meanwhile, throat swabs were taken

from the young lady with whom she shared her flat and from her immediate contacts at work. All of these were negative.

Corynebacterium ulcerans is an organism of very low infectivity which is potentially capable of producing diphtheria toxin.

Measles

A low incidence was expected in 1966, following the extensive epidemic in the first six months of 1965. Four hundred and forty-nine cases were notified, of which 270 (60%) occurred during the months of the Summer Term April—July. Of all the cases notified, 271 were in children less than five years old.

During the summer, vaccination against measles was introduced as a routine procedure in the child welfare clinics, and a start was made on a programme of vaccination for all susceptible children in primary schools.

Bacillary dysentery

Three cases of dysentery due to Shigella flexneri were notified. The first occurred in February. The patient was a 24 year old Pakistani who worked in a bakery. He had had symptoms for twelve days when a positive stool culture for Shigella flexneri, type 4 was reported. He lived with six other Pakistani men, all of whom worked at another bakery. They were ordered to stop work until arrangements could be made for them to be restricted to jobs where there was no chance of their contaminating food. Stool specimens were obtained from them all and all were negative. The original patient was treated and was quickly cleared of infection.

The second, occurred in April in a child of fifteen months old. A detailed enquiry was made at his home and stool specimens were obtained from all the child's contacts, nine in all, but none of them was positive. The source of the infection was not discovered. The organism was type 6.

The third case was another young Pakistani, a man of 26 who had recently arrived from Pakistan by air. He was also living in a large household of men, none of the eight other members of which had had symptoms. Stool specimens were obtained from them, but none was positive. The organism was type 1.

There were 47 cases of dysentery due to Shigella sonnei. These cases occurred sporadically throughout the year. More than half of them were from the Cowley and Iffley ward. The figure quoted refers to the number of patients for whom bacteriological confirmation of the diagnosis was received.

A single case was reported from an independent boarding school, where some twenty-five of the pupils had suffered from gastro-intestinal upsets, most of which were transitory. Stool specimens had been obtained in only a few cases and all but one had been negative. The epidemic ceased when measures of hygiene were enforced on the advice of the school doctor.

Two cases were reported from one of the old people's homes. The first of these, an old lady of 92, had to be admitted to the Slade Hospital, where she died a month later of bronchopneumonia. The other patient shared her room at the home and was 88 years old. Stool specimens from other residents with symptoms, and from members of the staff, were all negative.

Encephalitis

One case was notified, a boy attending an independent boarding school, who has suffered from chickenpox.

Typhoid and Paratyphoid fevers

Typhoid fever was notified twice. The first case was a Pakistani aged 17 years, who became ill on the 8th June. He had flown to England on the 14th May and had spent the next two and a half weeks with his father in Birmingham, moving to Oxford on the 5th June to stay with an uncle. He was admitted first to the Radcliffe Infirmary and later transferred to the Slade Hospital. With treatment, he recovered quickly. His immediate household contacts here were placed under surveillance, and negative stool specimens were obtained from them. The Medical Officer of Health of Birmingham was informed of the case, but investigations there did not reveal the source of the infection. The organism was of an untypable, degenerate strain. At the same time of the year, cases of typhoid in Pakistanis caused by similar organisms were reported from several other parts of the country. It is likely that this patient was infected in Pakistan.

The second case was an Englishwoman who had lived in Kenya for forty years. She had been in hospital in Nairobi for six weeks from the end of May to early July, suffering from osteitis of the thoracic spine. She was allowed to travel to England in July, but as soon as she arrived she had to be admitted to the Nuffield Orthopaedic Hospital, where the diagnosis of typhoid osteitis was made. It was confirmed by her Widal reaction but the organism was never cultured. On enquiry into her history it seemed likely that she had had a mild attack of typhoid fever in April 1966, during which she had not been admitted to hospital, and that her osteitis was a sequel to it.

No case of paratyphoid fever was notified.

Food Poisoning

Eleven cases of food poisoning were recorded during the year. One, a year-and-a-half old baby, was a member of a family, some members of which had had gastro-enteritis in the immediate past just before their journey to this country by air from Persia. Salmonella give was cultured from the baby's stool. The patient's seven-year-old sister was found to be a symptomless carrier of the same organism.

All the other cases were sporadic. The following table gives details of the organisms responsible.

PARTICULARS OF OUTBREAKS

Causative agent	General outbreaks		Family outbreaks		Sporadic cases notified or ascertained	Total Cases
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		
Salmonella:						
(*a*) anatum	—	—	—	—	1	1
(*b*) enteriditis	—	—	—	—	3	3
(*c*) give	—	—	1	2	1	3
(*d*) st. paul	—	—	—	—	1	1
(*e*) stanley	—	—	—	—	1	1
(*f*) typhi-murium	—	—	—	—	2	2
Cl. welchii	—	—	—	—	—	—
Staphylococci	—	—	—	—	—	—
Other causes	—	—	—	—	—	—
Cause unknown	—	—	—	—	—	—
	—	—	1	2	9	11

Smallpox

During the spring and summer there was a prolonged outbreak of variola minor in a number of other parts of the country. A tape recording and a box of slides were obtained from the College of General Practitioners, which proved most useful as a refresher course on the disease for doctors in Oxford. Three showings were held at the health department and one at the Radcliffe Infirmary. Forty-seven doctors, as well as health visitors attended.

For doctors who were uncertain of the diagnosis in any case which might resemble smallpox, a roster of departmental medical staff to whom they could refer was set up. Two patients were referred for an opinion. One was suffering from erythema multiforme and one from scabies.

Leprosy

The Public Health (Leprosy) Regulations 1966 came into operation on March 1st. They revoked the 1951 regulations, which required leprosy to be notified by practitioners directly to the Chief Medical Officer of the Ministry of Health.

Under the new regulations, leprosy is notified to the Medical Officer of Health of the County Borough or District. He has the duty of keeping a confidential register of cases in his area, and of informing the Chief Medical Officer at the Ministry of new cases, and of cases which move into or out of the area; and of informing other Medical Officers of Health of cases which move from his area to theirs. The register is to be reviewed annually, and the whereabouts of all patients verified.

At the beginning of March, two patients were on the list supplied by the Ministry from which the register for the City was compiled. At the end of the year, only one patient remained on the register. No new case of leprosy was notified to the Medical Officer of Health during the year.

NOTIFIABLE INFECTIOUS DISEASES SINCE 1947

DISEASE	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	115	76	115	39	76	102	136	35	23	24	29	56	94	118	56	70	37	23	14	13
Erysipelas	22	25	33	24	15	18	20	21	16	1	10	10	8	13	17	8	12	7	8	12
Puerperal Pyrexia ..	53	49	77	53	64	126	117	105	149	116	93	100	47	47	41	26	41	78	37	17
Ophthalmia neonatorum	36	59	83	18	13	18	47	47	37	64	64	50	14	18	18	4	1	2	1	—
Pemphigus neonatorum	15	17	9	2	3	1	2	—	1	—	1	—	1	2	2	—	—	—	—	—
Diphtheria	14	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	904	1472	1141	986	1294	461	2376	13	1001	888	1220	139	1117	409	1711	429	1593	280	1285	449
Whooping Cough ..	772	573	240	586	741	71	367	302	90	29	213	23	40	55	80	2	41	87	21	33
Pneumonia	79	60	76	79	96	64	91	71	81	65	71	51	56	22	34	22	38	16	11	11
Poliomyelitis—																				
Paralytic ..	22	9	19	7	4	4	6	2	13	1	6	1	—	—	1	—	—	—	—	—
Non-paralytic				1	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis—																				
Infective	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—
Post-infectious	—	—	—	—	1	—	—	—	—	4	—	—	—	—	1	—	1	—	1	1
Meningococcal infection	13	4	2	—	4	2	5	3	6	—	2	3	2	2	3	—	—	1	—	3
Typhoid Fever	—	1	—	2	—	—	—	—	1	1	—	—	1	—	—	1	1	—	—	2
Paratyphoid	7	1	—	2	—	—	—	2	2	—	—	—	2	2	1	—	2	1	—	—
Bacillary Dysentery ..	13	26	16	30	255	68	79	233	66	526	127	28	90	125	101	20	68	79	116	50
Amoebic Dysentery ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Food Poisoning ..	9	13	27	10	21	40	25	37	119	154	21	72	26	23	6	13	100	39	68	11

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1966

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	1–	2–	3–	4–	5–	10–	15–	20–	35–	45–	65–	S'town & W'ver-cote	North	West	South	East	Head-ington & M'ston	Cowley & Iffley
Scarlet fever	13	—	—	—	3	2	7	—	1	—	—	—	—	2	—	—	2	—	4	5
Erysipelas	12	—	—	—	—	—	2	—	—	2	1	5	2	1	1	—	—	1	1	8
Puerperal pyrexia ..	17	—	—	—	—	—	—	—	3	12	2	—	—	—	16	—	—	—	1	—
Measles	449	16	42	59	75	79	168	5	2	2	1	—	—	30	12	12	20	45	136	194
Whooping Cough ..	33	4	1	1	3	4	17	3	—	—	—	—	—	16	3	1	7	—	5	1
Pneumonia	11	—	—	—	—	—	—	—	—	—	—	3	8	1	—	3	1	—	4	2
Acute encephalitis— post-infectious ..	1	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—
Meningococcal infection	3	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	2
Typhoid fever	2	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	—	1	—
Bacillary dysentery ..	50	1	2	4	2	—	14	2	4	10	4	5	2	5	6	1	3	4	7	24
Amoebic dysentery ..	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—
Food poisoning ..	11	1	1	—	—	—	1	—	1	5	—	1	1	2	2	—	1	1	5	—
	603	23	46	65	83	85	209	11	12	32	8	15	14	59	40	18	35	51	164	236

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital
Puerperal pyrexia	16	1	—
Measles	—	1	14
Whooping Cough	—	—	1
Pneumonia	2	—	—
Acute encephalitis—post-infectious	—	—	1
Meningococcal infection	1	2	—
Bacillary dysentery	—	—	6
Food poisoning	—	1	1
	19	5	23

(b) THE SLADE HOSPITAL. Infectious Diseases Department.

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. Daphne M. Humphreys, M.B., B.S., M.R.C.P., D.C.H., continued as Resident Medical Officer throughout the year, and the following report prepared by her is included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department.

"There was a considerable reduction in the total number of admissions from 466 last year to 411 this year, which is nearly 100 less than the preceding two years.

The most interesting change in figures was accounted for by measles. Last year there were 69 admissions, and this year only 34. Of these, 24 were county and 10 city (measles immunisation was commenced in the City area in May this year). None of these cases, either city or county, had been protected. 30 were under the age of six years and 16 were under the age of two years. There were 7 cases of pneumonia. Three children had convulsions but there was no case of encephalitis. Two children were admitted on account of concomitant disease plus an attack of mild measles.

Non-specific gastro-enteritis again accounted for the largest number of admissions, totalling 74. Of these, 38 cases occurred in children including 5 who had E. coli infection. There was one death—an elderly lady of 92 who also had breast cancer and bilateral bronchopneumonia at the time of admission.

Of the 2 cases of typhoid admitted, one was a Pakistani with a typical acute attack; the organism was of degenerate type. Response to treatment was prompt and complete. The second case was picked up by a positive agglutination reaction undertaken during the investigation of

a vertebral abscess at the Nuffield Orthopaedic Centre. Urine and faeces samples were persistently negative in this patient. The primary infection had probably occurred several months earlier in Kenya.

The case of paratyphoid B was in a young girl and was contracted in North Africa whilst on holiday.

Upper respiratory tract infection accounted for 36 admissions, of which 26 were under the age of five years. No blood virology studies were carried out on any of the children and in no instance did throat swab virology reveal an infecting agent. Bronchitis was present in 18 cases, and there were febrile convulsions in three children under the age of two years.

There were 36 glandular fever admissions, twice as many as last year. Nearly all occurred in the undergraduate population of Oxford but in no instance was there any definite evidence of direct cross-infection. Only one case was in a child. 32 had a positive Paul Bunnell, and all had atypical nomonuclears in the peripheral film. The Paul Brunnell test was repeated as an outpatient in the negative cases but none converted to positive.

There was a considerable increase in the number of admissions from infective hepatitis from 15 last year to 21 this year. Three of these were children (ages 2—11) and all cleared much quicker than the adult patients, averaging one week compared with three weeks for adults. There were no sequelae, and liver function tests of all patients were normal before discharge.

Also markedly increased in number were admissions with herpes zoster. There were 20 as compared with 5 last year. 14 of the cases were over the age of 60, and all the ophthalmic cases, numbering 16, were elderly. Eye complications were usual, and several were still on treatment at the time of discharge because of residual damage. Approximately one-third of the total had a sparse but noticeable generalised chickenpox eruption as well. There were two younger patients—one aged 38 with cervical herpes, and the other with herpes zoster of the geniculate ganglion, who was left with a complete lower motor-neurone facial paralysis.

The number of admissions from chickenpox also increased, totalling 19, of which 14 were children. Seven of the cases had other concomitant diseases (e.g. anaemia, burns, spastic, etc.). One had a febrile convulsion. Two had a mild encephalitis and both recovered completely and quickly. The outstanding feature was two deaths in children with moderately severe chickenpox, one aged seven months and the other fourteen months. The clinical picture in each was similar—a very lethargic pale-looking child, with a moderate rash at the time of admission, and showing no signs of complications involving the nervous system or chest. Both children rapidly deteriorated, developing at first a small patch of crepitations and bronchial breathing, followed by a fulminating widespread complete consolidation of the lungs. Collapse and death followed after a short period of about twelve hours in spite of full doses of several

antibiotics and supportive therapy. The postmortem report on one child showed massive centrilobular liver necrosis, interstitial (viral) pneumonia with haemorrhages and oedema, fibrinopurulent pleurisy and purulent pericardial effusion. No virus was isolated from liver or lungs. No postmortem was permitted on the other child.

Cases of mumps numbered 13; 3 had evidence of meningitis, and one had meningism. All recovered with no sequelae. Nine were in children and four in young adults. There were no other complications.

There was only one case of bacterial meningitis, namely an adult with meningococcal infection, the response to treatment being rapid. There were 5 cases of presumed viral meningitis. In one of these, Echo III was the causative organism, but in spite of C.S.F. and blood virology studies, no definite virological cause was found in the others.

Pneumonia accounted for 16 admissions; 10 adults and 6 children. Ten were confined to one lobe. Three of the adult cases were viral in type, namely an adenovirus A infection; a clear-cut case of Q fever, and a patient in whom virology studies did not reveal the causative organism. All three responded rapidly to tetracycline.

The Shigella-Salmonella group accounted for 19 admissions, a similar number to preceding years. 13 of these were Shigella Sonne and 6 Salmonella of varying types (4 typhimurium, 1 anatum, 1 enteritidis). One child with Sonne also had giardia lamblia infection. There were no complications. It has become apparent that the resistance of these organisms is rapidly increasing to familiar antibiotics, and it is wise to have sensitivities done before embarking on treatment.

It is becoming increasingly difficult to isolate haemolytic streptococci from cases of sore throat or tonsillitis admitted to the Slade. The clinical picture is virtually always one of a boggy red throat with negative glandular fever tests. This appears to be the result of previous antibiotic therapy in many instances. There were 3 such throats, and also 3 quinsies, and B. haemolytic streptococci were not isolated from any. There was one particularly interesting admission in this group—an adolescent with a sore throat from which corynebacterium ulcerans was isolated. This quickly cleared with treatment and there were no sequelae.

Scarlet fever was diagnosed in 3 admissions, all were children with the classical picture. One had a febrile convulsion. There were no cases of erysipelas.

Staphylococcal infections numbered 4. There were two children, one of $3\frac{1}{2}$ years with bullous impetigo, and the other a baby of nine days (hospital delivery) with a septic face. The two adults had secondary infected varicose ulcers and carbuncles respectively. All cleared with antibiotics, penicillin for the adults and local aureomycin cream (swiftly effective) for the skin conditions of the children.

Cases of rubella numbered only 4, all being typical. One child had febrile convulsions.

Nine admissions were in adults with " 'flu"-like symptoms—fever.

shivering, with or without pain in the eyes, sore throat and headache. Virology studies did not help in any of these cases. All subsided with no specific treatment.

Pertussis figures remained low this year, numbering 10. Eight were under the age of eleven months and none of these had been adequately protected. One girl of three years with adequate immunisation had an attenuated attack. A baby of fourteen months (unprotected) had a very severe attack, and was left with some residual lung changes even after many weeks of prolonged treatment including physiotherapy. There were no other complications.

Amongst the unclassified list of admissions were 8 cases of purulent conjunctivitis. All were severe and markedly purulent but in only one was a staphylococcus isolated. The age range was wide. All responded to intensive local antibiotic (chloramphenicol) therapy.

Deaths (7)

Three of these occurred in infectious cases. One in a woman of 92 with fulminating gastro-enteritis, who also had pneumonia and carcinoma of breast. The other two were babies with fulminating haemorrhagic chickenpox pneumonia, as described earlier. There was one death in a man of 48 admitted with jaundice, who had advanced cirrhosis and hepatic failure. Two deaths were in very elderly patients, both with severe bronchopneumonia, and one with anuria (admitted in the previous year). The remaining death occurred in a patient admitted on semi-social grounds with generalised carcinomatosis.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1966

	Admissions	*Deaths*
Non-specific gastro-enteritis—children	38	—
,, ,, ,, —adults	36	1
Upper respiratory tract infection	36	—
Glandular fever	36	—
Measles	34	—
Infective hepatitis	21	—
Herpes zoster	20	—
Chickenpox	19	2
Pneumonia	16	2
Dysentery	13	—
Mumps	13	—
Whooping Cough	10	—
P.U.O.	9	—
Conjunctivitis	8	—
Salmonella infection	6	—
Tonsillitis—Quinsy	6	—

Urinary tract infection	6	—
Virus meningitis	5	—
Rubella	4	—
Staphylococcal infection	4	—
Drug rash	4	—
Typhoid and paratyphoid	3	—
Scarlet fever	3	—

There were two cases each of winter vomiting disease; ulcerative stomatitis; and roseola infantum.

There were single cases of meningococcal infection; Q fever; diphtheria ulcerans; ulcerative colitis; Reiter's syndrome; hand, foot and mouth disease; localised vaccinia; Kaposis varicelliform eruption; gonorrhoea; cellulitis; tape worm infestation; cervical abscess; toxic erythema; infected meningomyelocoele; and food poisoning (? staph. toxin).

There were five contacts, and two healthy babies accompanied mothers."

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946 are as follows:—

	Proportion of whole time
Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals	3/11ths
Mrs. D. Hicks, Medical Social Worker, Chest Clinic	3/11ths
Miss G. M. Lawrence and Miss B. M. Turner, Tuberculosis Health Visitors .. .. each	Half-time
1 Clerk	3/11ths

B.C.G. scheme for the University and Colleges of Futher Education.

Last year the Chief Medical Officer of the Ministry of Health recommended that undergraduates at Universities and students at Colleges of Futher Education should be encouraged to accept protection against tuberculosis through vaccination with B.C.G.

Accordingly a special Heaf testing clinic for undergradutes of the University was held at 60, St. Aldate's, and a similar clinic for the College of Technology was held at the College in Headington. It is proposed to hold these clinics annually unless the demand increases. At present a single central clinic is proving more economical of medical effort than the previous scheme involving a medical team touring each individual College. The figures for attendance at these clinics are as follows:—

	University	*College of Technology*
Number accepting offer of Heaf testing	281	96
Number attending for Heaf tests	171 = 61%	85 = 88%
Number attending second session for reading and B.C.G. ..	154 = 55%	74 = 77%
Number of positive reactors to Heaf test	*53 = 29% of those tested and inspected	**43 = 58% of those tested and inspected

*Twelve of these students had had B.C.G. previously, so the corrected incidence of unexplained positive Heaf tests was 26%.

**Thirteen of these students were from overseas areas where the incidence of tuberculosis is high.

All except two University undergradutes found to be Heaf positive had had a recent normal Chest X-ray. The two exceptions who had not had an X-ray were encouraged to attend the University Mass X-ray Unit for a chest X-ray, and were followed up by the Chest Clinic.

Positive reactors at the College of Technology were encouraged to have an X-ray and the high-grade positives were followed up by the Chest Clinic.

TABLE A

New Cases and Mortality during 1966

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ..	—	—	—	—	—	—	—	—
1— ..	—	—	—	—	—	—	—	—
2—4 ..	2	3	—	—	—	—	—	—
5—9 ..	2	3	—	—	—	—	—	—
10—14 ..	—	1	—	—	—	—	—	—
15—19 ..	1	2	—	—	—	—	—	—
20—24 ..	3	3	—	—	—	—	—	—
25—34 ..	6	1	—	2	—	—	—	—
35—44 ..	5	3	—	—	—	—	—	—
45—54 ..	3	1	—	1	—	—	—	—
55—64 ..	3	5	1	2	—	—	—	—
65—74 ..	2	2	1	—	—	—	—	—
75 and over	—	1	—	—	1	—	—	—
Totals ..	27	25	2	5	1	—	—	—

TABLE B

Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77
1960	75	10	85
1961	53	7	60
1962	71	5	76
1963	70	25	95
1964	97	17	114
1965	71	5	76
1966	52	7	59

Dr. F. Ridehalgh reports as follows:—

Total tuberculosis notifications fell to 59 in 1966, the lowest figure on record. The 7 non-respiratory cases included a case of tuberculous sternal abscess, one patient with tuberculosis of parotid gland, one renal case, one uro-genital, one breast and 2 of tuberculous neck glands. There were 52 respiratory cases including 23 adult males and 18 adult females found to have active tuberculosis. These include two cases in which the infecting organism was finally identified as Mycobacterium Kansasii. Infection with organisms from the group of "anonymous" Mycobacteria is still recognised only rarely, but presents certain problems. With one exception, not yet found in this region, these organisms are resistant "in vitro" to the standard anti-tuberculous drugs and yet the clinical response is not invariably adverse during initial treatment. The cultural peculiarities invariably delay recognition. The disease presents clinically and radiologically as a destructive lung infiltration indistinguishable from disease caused by the human type bacillus but with obvious difficulties in treatment. The organism fulfils Koch's Postulates in laboratory animals. There is, however, much doubt as to whether the "anonymous" mycobacteria are transmissable from man to man. An editorial in "Tubercle" has even questioned the need for notification although in practice this has usually been done by the time the organism is identified. In this connection, and in relation to all our clinical work on tuberculosis, I would like to pay tribute to the excellent help given to us by the bacteriologists at the Radcliffe Infirmary in typing bacilli and in the detailed assessment of sensitivity to a wide range of anti-tuberculous drugs.

With their help, and that of the biochemists, a clinical trial of two new drugs, Ethambutol and Capreomycin, was began in December 1966.

The fall in notifications affected various groups in much the same ratio except that children remained the same, namely 11 cases.

Five of the adult notifications occurred in inmates of Oxford Prison detected on Mass X-ray, and the Mass Radiography Unit has also given valuable help in the examination of large groups of contacts. Thus after the discovery of a postman with positive sputum and a long-standing cavity, all staff (about 400) employed in the G.P.O. Sorting Office are to to be offered X-rays, a task which will require a round-the -clock operation to cover shift workers.

Tuberculosis in immigrants.

There were 10 new cases of tuberculosis in immigrants, comprising 3 children and one adult from Pakistan, 3 adult Spaniards and single patients from Cambodia, Sarawak and Turkey. The routine tuberculin testing and X-ray examination of immigrants referred by the Port Immigration Officers is a new departure. Our health visitors have carried out this time-consuming and difficult task with energy and success as the following figures show.

Called for examination	181
Attended	178
Skin tested	178
Heaf negative	48
Heaf positive	130
X-rayed	130
Vaccinated with B.C.G.	44
Refused vaccination	3
Active tuberculosis	2

The high figure of negative tuberculin reactors is due to the inclusion of 20 children under 15, and shows the importance of including tuberculin testing and B.C.G. vaccination if necessary in the examination of the immigrant population.

Deaths.

There were 16 deaths of persons on the tuberculosis register but only one of these was directly attributable to tuberculosis. Neither of the two cases first reported at death had significant tuberculosis. Four deaths in men aged 61-79 were due to congestive failure or other respiratory complications with respiratory damage from arrested tuberculosis as a significant contributory factor. Four deaths were due to bronchial carcinoma, and the remaining five to unrelated causes.

Contacts.

Four hundred and forty-eight direct contacts were examined. B.C.G vaccination was given to 221 negative reactors, including 66 babies born into tuberculous households. The health visitors made 1,022 domiciliary visits. The closely co-ordinated team work of doctors, health visitors and social workers was maintained and extended to many non-tuberculous patients with environmental problems. The part-time work of our two health visitors attached to single handed general practitioners has fortunately not been allowed to hinder their work with us, in this respect I believe we have, as things stand, an ideal arrangement.

I am less happy about the service of domiciliary occupational therapy. This is of inestimable value to the house-bound respiratory cripple. No matter how devoted the family may be, long standing illness of this kind inevitably creates temperamental problems which well planned occupational therapy can greatly alleviate. Moreover, the occupational therapist visiting regularly, and attending our weekly case conference often gives advance warning of things going wrong. The occupational therapy department has been grossly understaffed throughout the year and it is regrettable that the gaps have not been filled and that it has therefore been impossible for new patients to be accepted.

University Mass Radiography

The following figures have been supplied by Dr. F. H. Kemp:—

Scheduled to attend	7,086
Attended	6,016
Defaulters	1,070
Referred suspected tuberculosis	13
Other abnormalities	75

Although no case of tuberculosis has been reported in a student, the figures reported in the small tuberculin survey in 1965 suggest that by no means all students arrive in the University already protected by B.C.G. and that they co-operate badly in a vaccination programme. The discovery of potential infectors, especially amongst teachers and ancillary staff, remains very important. May I again urge Heads of Houses to see that the X-ray service is fully used by all persons working in Colleges and University Departments.

Social Welfare

The Care Committee has continued its vital work. Its problems are no less, and no different from those detailed in previous years. The only difference is that money has nearly run out. Appeal techniques have been appropriated and done to death by other charitable organisations whose appeal is perhaps more glamorous than that of chronic respiratory disease. It is good news indeed that the Health Committee has recognised that the work of this Committee deserves more direct financial support.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a medical social worker who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary and compares this year with the three previous years. It should be noted that the figures given in this table includes patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New patients suffering from	1966		1965		1964		1963	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis—								
primary	—	—	1	—	—	—	—	—
secondary	5	—	1	—	—	—	—	—
cardio-vascular	—	—	2	—	—	—	3	1
of the nervous system	—	—	—	1	—	—	4	2
latent	14	4	15	3	8	4	13	7
congenital—								
under 1 year	—	—	—	1	—	—	2	1
under 15 years	—	2	—	—	—	—	—	—
Total	19	6	19	5	8	4	22	11
Gonorrhoea	142	32	183	64	186	50	194	73
Other conditions	358	148	360	154	378	122	318	105
Undiagnosed	3	1	—	—	5	1	11	2
Total new patients	522	187	562	223	577	177	545	191
Total attendances	1680	663	2021	867	1996	705	1649	800

Dr. P. C. Mallam reports:—

The reduction in the number of West Indians attending with gonorrhoea continues and is now only some 15%. This is exactly in keeping with the state of affairs noted in the clinic immediately after the last war when the condition was initially very prevalent among European refugees. Infection then fell to the general average of the population as the refugees became merged into the social structure, and it would now appear that the West Indians are also becoming stabilised in the United Kingdom. The reduced incidence may also be in part due to the curtailment of immigration and the advent of wives to join their men folk.

The few cases of early syphilis in white males were entirely confined to homosexuals, which accords with experiences elsewhere to the effect that homosexual syphilitic infection forms a large proportion of this group. Condylomata Acuminata seem to be getting more common and are difficult to cure permanently, being very prone to relapse.

There is a definite increase in the total of students who attend as patients. This does not of course afford definite proof, even though one may strongly suspect it, that the number of young people of the student class who are suffering from, or fear they have contracted, venereal disease has in fact increased. This group as a whole probably no longer seek private medical care. Thus some who in the past would probably have been treated privately are referred to, or of their own accord attend the Hospital Clinics. It is equally possible that a greater number of older patients who are more affluent than in times past, get treated by private doctors in preference to out-patient departments. This is one of the imponderables which make statistics regarding the age-group of patients only of partial value.

The ancillary work of the Department, as for example nurses and midwives lectures, and post-graduate work has continued as usual. Thanks to the good offices of Miss Biddulph the male nursing staff has been augmented and, if it remains unchanged, is now adequate to our requirements. Happily some male trainees have started to attend for instruction, and should in due course furnish useful personnel to staff V.D. departments as qualified nurses.

There has been no organised tuition of clinical students.

Dr. Walley has unfortunately been on the sick list more than once, and Dr. Stephanie James (whose report follows) has shouldered the extra work entailed at times without any help. For this she deserves our gratitude. Happily Dr. Walley is expected back in the not far distant future.

The Medical Social Worker, Miss Piesse, also has had a lot more to do than is her strict due. Until quite recently she has been very short of secretarial help for several months, and the preparation of the statistics has fallen to her lot. As one expects from her, she has fully coped with this extra burden without complaint; though the details asked for by the Ministry seem to get increasingly complex.

Dr. Stephanie James reports:—

During the past year the number of attendances at the female Special Clinic have decreased slightly, and there has been a marked fall in new cases of gonorrhoea. We have continued to do cervical cytology and have two abnormal results—one in a sixteen year old who is to be followed up in one year—and one in a thirty year old woman on whom a biopsy has been advised.

Miss B. F. Piesse (Medical Social Worker) reports:—

There has been a slight decrease in the number of new patients attending the clinic, from 785 last year to 709 this year; with a corresponding decrease in total attendances of all patients from 2,888 in 1965 to 2,343 this year. There was a marked decrease in the number of new cases

of gonorrhoea. In Table I, the age groups of new cases of gonorrhoea is given, and this shows a welcome and substantial drop in the number of teenagers. Nevertheless, there was one girl aged 15, two girls aged 17 and one boy aged 17. As will be seen in Table II, there were five male patients treated for secondary syphillis, two of whom were aged 17 and 19. We have had a steady number of young people under the age of 21 who attend the clinic for various reasons, ranging from worry through ignorance, feelings of guilt and phobias of V.D. These young people benefit from being seen by the medical social worker in order to talk over their difficulties, and it is hoped that the co-operation of the doctors in recognising these problems and the help that can be given will continue. It is of great importance that people should feel able to come to the clinic to seek advice, and the acceptance of them by all staff and the good relationship established contributes to this.

As was noted last year, the decrease in the number of West Indian and Pakistani patients attending the clinic has continued. Table II shows the country or origin of patients attending, and shows the cosmopolitan aspect of Oxford's population.

TABLE I

Age Groups of New Cases of Gonorrhoea

	1966			1965		
AGE GROUP	Male	Female	Total	Male	Female	Total
Under 16	—	1	1	—	3	3
16—17	1	2	3	3	9	12
18—19	8	2	10	14	9	23
20—24	49	12	61	52	22	74
25 and over	84	15	99	114	21	135

TABLE II

Country of Origin of New Cases of Gonorrhoea and Syphilis.

Country of origin	Gonorrhoea		Prinary and secondary syphilis	
	Male	Female	Male	Female
West Indies	23	2	2	—
Africa	4	—	—	—
Asia	5	—	—	—
United Kingdom ..	102	28	3	—
Eire	3	1	—	—
Europe	4	1	—	—
Other	1	—	—	—
Total new cases ..	142	32	5	—

The problems of loneliness and adjusting to a new community are some of the reasons for the casual relationships of these patients with persons already infected. Social maladjustment is one of the major problems of a large number of patients who attend V.D. clinics. Even among the younger age groups an unstable home background is a common occurrence, and is possibly a reason why these young people have these casual relationships.

The medical social worker has continued to see a number of married couples, who have needed a lot of help towards living a more stable life together. An extra-marital relationship can highlight long standing problems between husband and wife. The unhappiness between parents can effect the emotional stability of the children, and such couples benefit from the skilled help of the medical social worker.

We continue to have a prompt follow-up system to encourage patients to complete their treatment, and the specially designated health visitors in Oxford City and Oxford County continue to give excellent co-operation by visiting defaulters and encouraging contacts to attend. This is a constant problem as many people do not like coming back to the clinic due to the stigma still felt about venereal diseases, especially among older people. So that this fear can be set at rest, it is important that relations of very strict confidence be maintained with these patients.

This year we were sad to lose Miss Cruikshank, our clinic secretary, who retired after 14 years working for the clinic. She was responsible for all the statistical work as well as doing reception of patients at the Female Clinic. The reception of worried, frightened people needs a lot of skill and understanding, and Miss Cruikshank will be missed by both patients and staff for her many kindnesses.

Table showing the incidence of new cases of Venereal Disease in City Residents from 1947—1966

	Males		Females	
	Syphillis	Gonorrhoea	Syphilis	Gonorrhoea
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6
1959	5	70	1	16
1960	4	77	3	14
1961	1	104	2	20
1962	7	143	9	26
1963	10	145	4	40
1964	6	125	3	38
1965	10	119	5	47
1966	13	95	2	24

(e) VACCINATION AND IMMUNISATION

1. Vaccination against Smallpox

Successful vaccinations performed during the year:—

Age at date of Vaccination in months	0—2	3—5	6—8	9—11	12—23
Number vaccinated (primary)	5	16	19	255	688
Number re-vaccinated	—	—	—	—	—

Age at date of Vaccination in years	2—4	5—14	15 and over	Total
Number vaccinated (primary)	149	21	50	1,203
Number re-vaccinated	7	54	452	513

General Practitioners participating in the Council's Scheme under Section 26 of the National Health Service Act 1946, carried out 21 primary vaccinations and 65 re-vaccinations during the year.

This is the third year during which children have been offered smallpox vaccination after completion of other prophylactic procedures (now usually at an age of 12 to 13 months) and this policy has become an established routine without leading to any decrease in the proportion of children attending for vaccination.

A study of Health Visitor's records at the end of the year of all 2 year old children (i.e. those born in 1964 and who therefore may be expected to have completed their immunisation schedule) shows that 69% were successfully vaccinated against smallpox.

Comparable figures for the vaccination rate for the last ten years are as follows:—

Year	Vaccination Rate	Comments
1957	66%	Based on figures for babies under 1 year of age
1958	63%	
1959	68%	
1960	71%	Based on figures for babies under 2 years of age
1961	66%	
1962	92%*	*This high rate was due to outbreaks of smallpox in the country
1963	21%†	†Policy changed, vaccination recommended in second year of life.
1964	57%	
1965	67%	
1966	69%	Based on Health Visitor's review of 2 year old children

There were medical contra-indications to vaccination in 56 children, 3.7% of the total of 2 year olds reviewed. No serious reactions or complications of vaccination occurred during the year.

During 1966 we continued to test the potency of batches of smallpox vaccine on behalf of the Lister Institute. The results for the 12 batches tested were as follows:—

Batches of Lister Vaccine tested in 1966

Vaccine Batch Number	Number of Vaccinations	Number Inspected	Number of Successful results	Number of Failures
1740	72	53	53	—
1741	71	59	59	—
1913	107	93	87	6
1851	125	92	89	3
2031	109	85	82	3
2103	161	128	113	15
2271	103	75	71	4
2646	89	75	74	1
2658	84	81	79	2
2972	80	72	65	7
2913	92	82	75	7
3114	76	73	70	3
Total	1169	968*	917	51

* Only 6 of the 201 vaccinations not inspected were primary vaccinations; the remainder were re-vaccinations.

Ten of the children in whom vaccination failed showed some resistance to successful protection in that a second attempt also failed to produce a "take" and indeed in one case six attempts failed.

2. Immunisation against Diphtheria, Pertussis and Tetanus

The following table shows the number of primary immunisations completed and the number of reinforcing injections given during 1966:—

	Children born in years							
	1966	1965	1964	1963	1959–1962	Others under age 16	Total for 1966	Total for 1965
A. Number of children who completed a full course of primary immunisation—								
(i) Triple Antigen (DTP/Vac)	693	869	34	6	11	1	1614	1730
(ii) Combined diphtheria —tetanus prophylactic (DT/Vac/PTAH)	5	11	15	14	67	10	122	107
Totals	698	880	49	20	78	11	1736	1837
B. Number of children who were given a re-inforcing injection—								
(i) Triple Antigen (DTP/Vac)	—	11	16	4	9	1	41	1435
(ii) Combined diphtheria —tetanus prophylactic (DT/Vac/PTAH)	—	2	2	34	1365	51	1454	
Totals	—	13	18	38	1374	52	1495	1435

Comments

(1) General practitioners gave 14 of the 1,736 primary courses and 4 of the 1,495 reinforcing injections. As in previous years the staff of the Health Department gave the majority of these immunising injections, and parents continued to take advantage of the ready availability of this service at Child Welfare Clinics and at schools on school entry.

(2) Three injections of triple antigen at monthly intervals were again used throughout the year for the primary immunisation of babies, preferably beginning at the age of 4 months. Reactions to Triple Antigen (DTP/Vac) at this age are usually absent or slight and are acceptable to parents. During the year moderate reactions occurred in six children but the course of immunisation was completed without further ill effects by giving divided doses of vaccine. In only two other cases were reactions severe enough to necessitate withholding the pertussis element of the vaccine and continuing immunisation with combined Diphtheria/Tetanus vaccine. One of these children had had a convulsion after the initial Triple Antigen injection.

The majority of the 122 children completing a primary course of immunisation with diphtheria/tetanus vaccine were school children who had evaded earlier immunisation. The remainder were those who had suffered from Whooping Cough or in whom there were medical contra-indications to the use of Pertussis vaccine.

(3) Health Visitors' records at the end of the year of two year old children (1964 births) were again studied and showed that 93% of these children had been immunised against diphtheria, whooping cough and tetanus. Comparable figures for the past ten years are as follows:—

1957	80%
1958	82%
1959	83%
1960	88%
1961	91%
1962	92%
1963	89%
1964	90%
1965	93%
1966	93%

Nearly half of the 104 two year old children not protected came from problem families.

(3) Poliomyelitis Vaccination

The schedule of immunisation is three doses of Sabin (Oral) vaccine at monthly intervals starting at the age of seven months, with a booster dose on school entry at the age of 5 years. Sabin vaccine can be given concurrently with triple antigen or diphtheria/tetanus vaccine and it is routine practice to offer late starters triple antigen and oral polio vaccine at the same time at Child Welfare Clinics, when their first attendance for immunisation is at the age of seven months or more. School nurses however have found that it is more convenient to continue to arrange a separate session for polio booster doses at school.

The table below shows the number of persons who completed courses of vaccination against polio during the year:—

	Sabin Vaccine	
	Full Course	Booster Doses
Children born in 1966	262	—
Children born in 1965	1218	1
Children born in 1964	120	8
Children born in 1963	51	8
Children born in 1959-62	328	1403
Others under 16	21	10
Others 16 and over	107	152
Total	2107	1582

A total of 279 school children were given a full course of vaccine at school compared with 105 in 1965. The majority of these children were those who came to live in Oxford during the year and had not previously been fully immunised.

Health Visitors' records at the end of the year show that 93% of two year old children were fully immunised so that the protection of babies continues at a satisfactory level.

750 doses of Sabin vaccine were supplied to the United Oxford Hospitals, and 630 doses to the British Motor Corporation for protection of the staff.

(4) The proportion of Whooping Cough cases amongst the immunised shows a rise, as may be expected when a high level of immunity amongst children is maintained over the years. The results of the M.R.C. investigation into Whooping Cough, in which our staff are participating, will be awaited with interest.

Details of immunised cases notified in 1966 are given in the following tables:—

	Under 1 year	1 year	2 years	3 years	4 years	5—9 years	over 10 years	Total
Total notifications ..	4	1	1	3	4	17	3	33
Notifications in immunised children ..	2	1	1	3	4	13	1	25

Age of Child onset	Age at first T.A. injection	Interval between last injection and onset	Severity
7½ months	4 months	1½ months	Mild
10½ months	4 months	4 months	Severe
1 year ½ month	3½ months	7 months	Mild
3 years 1 month	3 months	2 years 6 months	Mild
3 years 3 months	4 months	2 years 9 months	Mild
3 years 3 months	4 months	2 years 9 months	Mild
3 years 10 months	7½ months	3 years ½ month	Mild
4 years	3½ months	3 years 5½ months	Moderate
4 years ½ month	3 months	3 years 6½ months	Moderate
4 years 2½ months	4½ months	3 years 7 months	Mild
4 years 5½ months	4½ months	3 years 11 months	Mild
5 years 2 months	4 months	4 years 8 months	Moderate
5 years 9 months	3 months	5 years 4 months	Mild
5 years 10 months	3 months	5 years 4½ months	Mild
5 years 11½ months	4½ months	5 years 5 months	Moderate
5 years 11½ months	4½ months	5 years 5 months	Mild
6 years 1 month	3 months	5 years 8 months	Moderate
6 years 4½ months	3 months	5 years 11 months	Moderate
6 years 8 months	3½ months	6 years 3 months	Moderate
6 years 11½ months	3½ months	6 years 6 months	Moderate
7 years 10 months	8 months	7 years	Mild
7 years 11 months	10½ months	6 years 6½ months	Mild
8 years 4 months	11 months	Not known	Mild
9 years 1 month	9 months	8 years 1 month	Mild
13 years 8½ months	6 months (pertussis vaccine)	13 years	Mild
2 years	Not known	Not known	Not known

(4) Measles Vaccination

The Medical Research Council trial during 1964/65 showed that the vaccines in current use gave 85% protection against measles, whilst reactions to the vaccine were infrequent and mild. During 1966 the Medical Research Council commenced an intensive trial of these vaccines in about six towns in England and Wales of which Oxford was one.

From May 1st vaccination against measles was offered to all children between the ages of ten months and 12 years at all City Child Welfare Clinics and Nursery, Primary and Preparatory Schools. The routine adopted was to give a dose of Pfizer killed Vaccine followed a month later by a dose of Burroughs Wellcome live vaccine.

During the summer term, 127 children were vaccinated at 6 schools as a trial group in which the severity of reactions was assessed by close follow up. Only 4 children developed mild reactions between seven and ten days after the injection of live vaccine, necessitating a couple of days off school in each case. This low incidence of reactions to the vaccine was reassuring and subsequent immunisation sessions at schools confirmed the impression that very few untoward effects followed the injections of live measles vaccine in school children.

Health Visitors' records of 1,506 two year old children still on their lists at the end of the year showed that 246 of these had had measles, and 527 of the remainder accepted vaccination against measles—a vaccination rate of 42% amongst susceptible two year olds.

The short term protection conferred by measles vaccination is of a high order as shown in the following table:—

Completed Vaccinations in 1966	2167
Measles notifications in 1966 (68 of these were before May 1st) ..	449
Measles in the vaccinated	7

Five of the seven children who developed measles after immunisation had a very mild illness, whilst two had measles of moderate severity and developed chest infections.

Several children (including 14 at one school) developed an attack of measles, often atypical, two to three weeks after an injection of killed vaccine. It was thought that these were cases of attenuated "wild" measles and if so they should develop lifelong immunity after a relatively mild illness.

(5) Anthrax Vaccine

There were no requests for this vaccine, which became available in 1965.

(6) Vaccination for Travellers

(*a*) *Yellow Fever.* Oxford is one of the centres approved by the Ministry of Health for the provision of Yellow Fever vaccination and weekly sessions by appointment are held at 2 p.m. on Tuesday afternoons.

During the year 667 vaccinations were performed compared with 816 in 1965. This drop in numbers is largely due to the fact that the International Certificate is now valid for ten years instead of six.

(*b*) *Other Diseases.* An immunisation clinic mainly for travellers was held weekly at the Health Department on Wednesday evenings but in cases of real emergency the necessary injections can be given at any time.

The following are the numbers of injections given in recent years:—

	1962	1963	1964	1965	1966
Cholera	27	23	37	66	47
T.A.B.	47	85	217	137	63
T.A.B. and Cholera ..	28	31	58	55	45
T.A.B. and Tetanus ..	—	—	—	19	52
Tetanus Toxoid ..	14	10	17	28	119
Typhus	4	1	—	7	—
Total ..	120	150	329	312	326

The large increase in the number of injections of tetanus toxoid is due to the inclusion of 48 City policemen (each of whom has had two injections).

(f) INFESTATION

(i) Scabies

Eleven cases were reported, four families being involved. Treatment was arranged for each family as a group.

Scabies is not notifiable. Many cases are probably treated without being reported to the Health Department.

(ii) Pediculosis

The basic problem of head louse infestation remains unchanged, namely a small number of unco-operative infested families. Inspections are made by school nurses with the following results amongst school children:—

	1965	1966
Number of inspections made ..	25,959	27,983
Number of children inspected ..	11,300	10,831
Number of children infested ..	392	249
Percentage incidence	3.5	2.3

The 249 infested children (160 girls, 89 boys) came from 172 families.

In addition four adults and nine pre-school children were treated.

During the year, two cases of body lice infestation were referred to the department.

(g) LABORATORY SERVICES

Your Medical Officer of Health has continued to serve as one of the two Medical Officers of Health on the Public Health Laboratory Service Board for England and Wales.

Bacteriology

Dr. W. H. H. Jebb and his staff at the Public Health Laboratory, Walton Street, Oxford, carry out examinations of specimens from cases of infectious diseases and from contacts and suspected carriers. We are very grateful to them for their ready co-operation.

Virology

Dr. F. O. MacCallum, Consultant Virologist, United Oxford Hospitals, has been of the greatest assistance in connection with the investigation of virus diseases.

Analysis

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading, Berkshire, has continued as official Analyst to the City.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. C. E. HALL,
M.B., Ch.B., D.P.H., D.C.H., D.R.C.O.G.
Senior Assistant Medical Officer of Health.

A. MATERNITY
(including domiciliary midwifery)

I. Midwives practising in the Area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(*a*) Domiciliary midwives employed by the Local Health Authority	10
(*b*) Domiciliary midwives employed by Oxfordshire County Council in practice at the General Practitioner Maternity Unit	7
(*c*) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals	55
	72

II. The Domiciliary Midwifery Service

1. Administration

Virtually all domiciliary midwifery is undertaken by full-time midwives employed by the City Council. The establishment provides for a non-medical supervisor and assistant non-medical supervisor of midwives, one senior midwife and nine midwives. This includes three part-time midwives employed to help with the nursing of mothers and babies discharged early from hospital and for other duties when necessary. There were two changes of staff during the year, both vacancies being immediately filled.

The City Council takes full responsibility for providing midwives with suitable transport, either in Corporation cars, or their own cars with a car allowance on the essential user basis. Accommodation is provided if required and six midwives occupied Council property, five in fully-furnished accommodation and one in an unfurnished flat.

The midwives have been working in general practice rather than geographical areas since October 1964. The increased contact with general practitioners which has resulted from this method of working has improved the continuity of care for the patient and has facilitated the development

of the general practitioner maternity unit. The midwives work in five pairs, each pair being attached to a certain number of practices, based on the practice case load.

2. Antenatal care for domiciliary cases

Every mother booked for domiciliary delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Patients for domiciliary delivery are carefully selected and antenatal care is undertaken jointly by doctor and midwife in close co-operation. It is in the best interest of midwifery that this should be started early in pregnancy. The following table shows the number of midwives' bookings according to the period when antenatal care commenced.

Period of gestation	*Number of bookings*
Under 12 weeks	204
12—16 weeks	170
17—20 weeks	39
21—24 weeks	19
25—28 weeks	8
29—32 weeks	11
33—36 weeks	4
After 36 weeks	1
	456*

* This figure excludes 5 unbooked emergencies and 4 County deliveries.

The fact that only 24 (5.3%) of the 456 mothers booked for delivery at home did not commence antenatal care until after the 24th week of pregnancy is gratifying.

General practitioners continued to hold special antenatal clinics at their surgeries. At the end of the year 21 doctors were participating in 16 regular weekly sessions at which a midwife or her pupil attended. This joint attendance is of value to patient, doctor and midwife and is one of the satisfactory results of the attachment scheme.

Every effort was again made to ensure that the full range of antenatal blood tests was carried out for each patient. Specimens were examined at the pathology departments at the Radcliffe Infirmary and the Churchill Hospital. The City antenatal clinics, which of recent years have existed almost entirely for the purpose of taking blood samples, were discontinued at the end of 1965 since the number of patients referred to them had considerably decreased. Patients were consequently referred for venepuncture to the pathology laboratories if their doctors did not wish to undertake this procedure.

The concerted effort to ensure that all mothers delivered at home had a high haemoglobin level at term was maintained. Almost every mother had routine iron in pregnancy and had her haemoglobin level

estimated at 34—36 weeks. The midwives were trained to take capillary blood samples for this and have undertaken this work since the City antenatal clinics were discontinued. A study of the records of the 461 cases delivered during the year shows the following distribution of late pregnancy haemoglobin readings:—

Hb	*Number of cases*
61—65%	—
66—70%	12
71—75%	25
76—80%	94
81—85%	155
86—90%	92
91—95%	54
96—100%	21
101% or over	2
No record	6
	461

This is an encouraging result in that only 12 patients had haemoglobin readings in the 66—70% range, and in nine of these it was 70%. Ten received intra-muscular iron; in one case, a late booking, there was no time for any action to be taken, and the twelfth case was a gipsy, living temporarily in the City, who had been urged to have a hospital confinement. One mother (Hb 68%) suffered a post-partum haemorrhage, requiring the services of the "Flying Squad", all other patients had normal deliveries with no tendency to haemorrhage.

Arrangements also commenced in January for haemoglobin estimations to be made between the 10th and 14th day of the puerperium, the midwives again being responsible for taking these blood samples. The results of these were as follows:—

Hb.	*Number of cases*
61—65%	2
66—70%	7
71—75%	15
76—80%	26
81—85%	51
86—90%	55
91—95%	64
96—100%	50
101% or over	87
No record	104
	461

It is gratifying to note that less than 3% of the women for whom a postnatal haemoglobin result was available had a Hb. of less than 70%.

The survey of urinary infection in pregnancy has continued, with the co-operation of the pathology department of the Churchill Hospital. Since the commencement of this scheme in April 1965, nine hundred and fourteen women have been included in the survey. Analysis of the results will be made at the end of a two-year period.

3. General Practitioner Maternity Unit

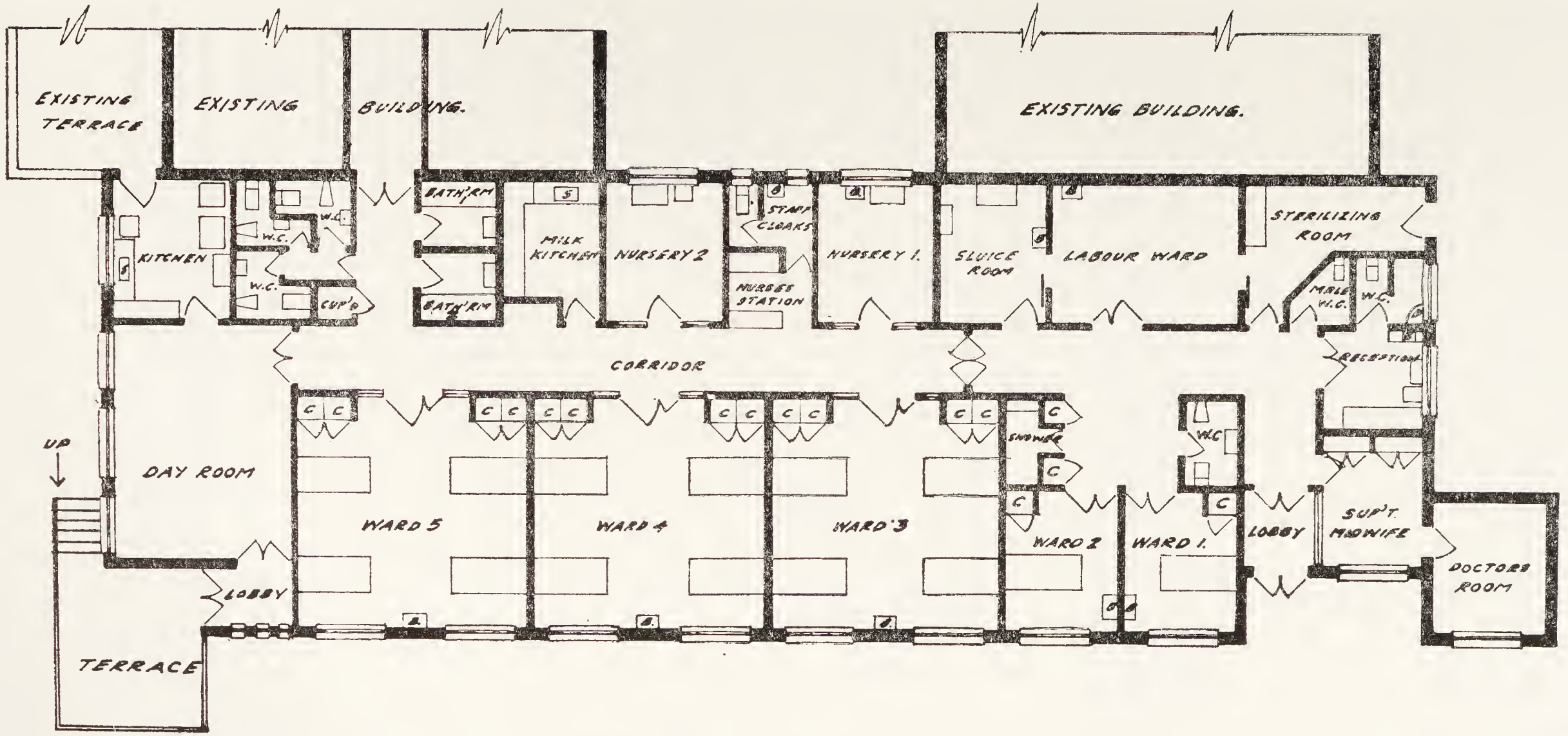
The General Practitioner Maternity Unit at the Churchill Hospital, built almost entirely by private funds solely for the care of National Health Service patients, opened in August. Each general practitioner and domiciliary midwife is responsible for the care of their own patients within the Unit and for this have honorary contracts with the United Oxford Hospitals. This arrangement has been approved by the Central Midwives Board. There is also a resident nursing staff, provided by the United Oxford Hospitals under the supervision of a Sister-in-Charge, responsible for the day-to-day running of the Unit and the provision and maintenance of equipment. The resident staff undertake deliveries, from time to time, of patients from parts of Oxfordshire whose midwives are unable to undertake their care in the Unit. There is also direct access from the Unit into the labour ward suite of the Consultant Unit so that patients in whom complications develop can have specialist assistance with minimum delay.

The Unit is administered by a Management Committee comprising representatives of the general practitioner, hospital medical and nursing staff and local health authority medical and midwifery staff. This Committee is responsible for policy decisions regarding the administration of the Unit. Two medical assistants, both general practitioners, have been appointed. Their duties are to advise the Sister-in-Charge, to ensure that policy decisions of the Committee are implemented and to act as liaison officers between general practitioners, consultants and local health authorities.

The original purpose of the General Practitioner Maternity Unit was for the accommodation of obstetric patients in whom there were no medical or obstetric indications for hospital confinement, but whose home circumstances were such as to preclude a domiciliary confinement. In the light of current obstetric opinion, however, the Unit also caters for any normal primagravida, irrespective of home conditions, who wishes to be confined in an institution. Any general practitioner obstetrician of the Oxford City and County Executive Council may use the Unit. Forty-five City general practitioners and fifteen County have applied for this facility.

The initial policy has been to accept forty-five bookings per month on the expectation of an average stay of eight days. No one doctor may book more than six patients per month and distant county doctors are

G.P. MATERNITY UNIT



CHURCHILL HOSPITAL
G.P MATERNITY UNIT.
FLOOR PLAN.

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scale - 16'-0" to 1"

limited to three per month in view of the difficulty in providing adequate midwife coverage from the County.

A scheme of monthly meetings has been arranged between general practitioner obstetricians, the staff of the Consultant Unit and medical and midwifery staff of the health departments. At these meetings work both in the Unit and in domiciliary obstetric practice is discussed and increased contact between the various disciplines is a useful result.

The monthly figures for admissions to the Unit during the first five months of operation were as follows:—

August	8
September	13
October	18
November	23
December	31

The Unit is fully booked from January, 1967, onwards.

The following is a summary of the cases delivered in the Unit by City midwives—the totals for the Unit—City and County combined are shown in brackets.

Number of patients delivered:—

Para. 0 ..	34	(57)
Para. 1—3 ..	19	(32)
Para. 4+ ..	—	(—)
	53	(89)

Method of delivery:—

Spontaneous vertex	51	(82)
Forceps—low	1	(5)
Forceps—rotation	1	(2)
Breech	—	(—)
Other	—	(—)

Anaesthetics:—

Pudendal	2	(7)
Caudal	—	(—)
General	1	(2)

Miscellaneous:—

Inductions	—	(—)
Blood transfusions	—	(1)
Premature rupture of membranes	1	(2)
Post-partum haemorrhage	1	(4)
Consultant Aid Calls	7	(11)

Results:—

Live births	53	(89)
Still-births	—	(—)
Neonatal deaths	—	(—)

Transfers to Consultant Unit:—

Mother in labour	2	(5)
Mother in puerperium	—	(—)
Baby only	2	(3)

(I am indebted to Dr. Bull, senior medical assistant to the Unit, for letting me have these figures and for permitting me to abstract information from his report).

4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home) under the Maternity Medical Service among doctors in practice in the City was as follows:—

30—39 cases	1 doctor
20—29 cases	1 doctor
10—19 cases	21 doctors
5—9 cases	11 doctors
1—4 cases	13 doctors

This figure applies only to City cases, thus they do not represent the total Maternity Medical Service bookings of the doctors.

5. Work of the individual midwives

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives.

A third table gives an analysis of all domiciliary deliveries carried out during the year.

Table showing the work of individual midwives during the year

Domiciliary cases

		Doctor present at delivery	Doctor not present at delivery	Total	Assessment visits	Antenatal visits	Postnatal visits domiciliary cases	Postnatal visits hospital cases	Total visits
Midwife A	Group Practice 1	17	19	36	138	631	815	120	1,704
Assistant Supervisor									
Midwife B		12	40	52	155	930	854	117	2,056
†Midwife C	Group Practice 2	2	1	3	1	24	33	—	58
Midwife D		11	32	43	139	746	726	110	1,721
Midwife E		12	44	56	187	922	1,276	105	2,490
Midwife F	Group Practice 3	25	33	58	149	579	881	138	1,747
Midwife G		17	25	42	173	747	738	206	1,864
Midwife H	Group Practice 4	8	50	58	84	1,088	1,201	116	2,489
‡Midwife I		6	33	39	157	736	840	155	1,888
Midwife J	Group Practice 5	15	39	54	123	885	951	120	2,079
Supervisor of Midwives		11	13	24	6	376	333	20	735
Part-time midwives ..	.. .. ..	—	—	—	74	—	—	1,836	1,910
		136*	329*	465	1,386	7,664	8,648	3,043	20,741

*These figures include deliveries of 4 County patients, two on the Jordan Hill Estate one at Littlemore and the other at Shotover.

† Resigned 23.1.66. ‡Appointed 24.1.66.

General Practitioner Maternity Unit cases

		Doctor present at delivery	Doctor not present at delivery	Total	Assessment visits	Antenatal visits	Postnatal visits	Total visits
Midwife A Assistant Supervisor	Group Practice 1	—	—	—	4	11	5	20
Midwife B		1	6	7	—	70	82	152
Midwife D	Group Practice 2	4	5	9	—	200	98	298
Midwife E		3	3	6	—	107	61	168
Midwife F	Group Practice 3	3	1	4	20	127	53	200
Midwife G		5	—	5	27	79	39	145
Midwife H	Group Practice 4	10	5	15	38	246	214	498
Midwife I		3	1	4	29	77	115	221
Midwife J	Group Practice 5	1	2	3	—	137	87	224
		30*	23*	53	118	1,054	754	1,926

*These figures include deliveries of 1 Oxfordshire and 3 Berkshire patients

6. Analysis of domiciliary deliveries

	Doctor present at delivery		Doctor not present at delivery		
	Primiparae	Multiparae	Primiparae	Multiparae	Total
Total cases	43	90	48	280	461
Live births	43	92	47	281	463
Still-births	—	—	1	—	1
Twin deliveries	—	2	—	1	3
Death of baby at home ..	—	—	—	—	—
Forceps deliveries ..	1	1	—	—	2
Emergency obstetric service	—	3	1	2	6
Baby transferred to hospital by "premature baby flying squad"	—	—	2*	1	3
Baby transferred to hospital other than by "flying squad"	—	1	—	5	6
Mother and baby transferred to hospital	—	—	—	1	1
Anaesthesia and analgesia:—					
(*a*) Pethidine	31	46	39	143	259
(*b*) Gas-and-air	21	52	16	123	212
(*c*) Gas and oxygen ..	1	8	3	13	25
(*d*) Trilene	8	11	9	30	58
Antenatal care:					
(*a*) General practitioner and midwife	43	88	46	279	456
(*b*) Hospital booked emergencies	—	—	1	1	2
(*c*) None (emergencies) ..	—	2	1	—	3
Feeding at 14 days:—					
(*a*) Breast entirely ..	35	50	30	133	248
(*b*) Breast and bottle ..	—	4	3	6	13
(*c*) Bottle entirely ..	8	37	11	136	192
(*d*) Left district— unknown	—	—	2	6	8

*One of these babies died on its way to hospital.

Comments on the work of the midwives and on the details of domiciliary deliveries:

(i) Total deliveries (including those patients delivered at the General Practitioner Maternity Unit) increased, 518 compared with 490 in 1965. There was a corresponding increase in the number of both antenatal and postnatal visits, whilst postnatal visits to patients discharged early from hospital decreased, 3,043 compared with 3,621 last year.

(ii) No maternal death occurred during the year.

(iii) There was only one neonatal death and one still-birth, these occurred in both cases in unbooked emergencies.

(iv) Three pairs of twins were delivered at home. Twins were undiagnosed prior to labour and in two cases this was uneventful, a third pair of twins was delivered by the "Flying Squad"; all babies were nursed at home. Doctor was present at two of the deliveries.

(v) Of the mothers confined at home, doctors were present at 27% of deliveries compared with 25% in 1965 and 23% in 1964.

(vi) The forceps rate was again very low, namely 0.4%.

(iiv) It can be calculated from the figures that 54% of babies born at home were fully breast-fed at 14 days.

7. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing cooperation of the hospitals, admissions of emergency cases can always be arranged without delay.

During the year the admission of 22 mothers occurred during labour. This represents 4.5% of mothers either delivered at home or admitted in labour compared with 4.9% in 1965 and 6.7% in 1964.

The reasons for admission together with the outcome were as follows:

	End result		
Abnormality	*Delivery*	*Baby*	*No. of cases*
Antepartum haemorrhage	Spontaneous	Survived	1
Delay in 1st stage	Spontaneous	Survived	2
Delay in 1st stage	Forceps	Survived	5
Delay in 1st stage	Ventoux extraction and forceps	Survived	2
Delay in 1st stage	Caesarian section	Survived	1
Delay in 2nd stage	Forceps	Survived	7
Breech presentation	Spontaneous	Survived	2
Premature labour	Spontaneous	Survived	2
			22

This is most satisfactory and reflects the accuracy with which patients have been booked as suitable for home confinement.

8. Babies admitted to hospital following delivery at home

Eight babies were admitted to hospital having been delivered at home. All were successfully treated. Four of these were admitted in view of their prematurity. The smallest of these babies weighed 3 lb. $6\frac{1}{2}$ oz. at birth. One child was born with a meningocele and was transferred for operation. She is now over twelve months old and is developing normally. One child had severe anoxia following an uneventful delivery. He made a successful recovery and was discharged home on the eighth day. Two children developed chest infections, one at the fifteenth day, the other on the eighth day. Both were subsequently discharged well.

9. Administration of pethidine

Pethidine was given in 182 cases in which the midwife was acting on her own responsibility (i.e. 55.5%). Corresponding figures for the last five years are as follows:—

1962	39%
1963	51.5%
1964	46.8%
1965	54.6%
1966	55.5%

Of the total 461 patients delivered at home, 259 or 56.2% received pethidine. This figure shows a slight decrease in relation to 1965, when 57.4% of the total were given pethidine.

10. Inhalational analgesia

Gas-and-air is made readily available for every mother who wishes to receive it. Instruction in its use is given in the antenatal period unless the mother is familiar with the apparatus. During the year 46% of mothers received this form of analgesia.

Trilene is also available for administration by midwives in suitable cases. Two sets were in use and trilene was administered on 58 occasions.

One gas and oxygen machine was purchased during the year and, in the light of the W.H.O. Technical Report on the Effect of Labour on the Foetus and the Newborn, further sets will be purchased in 1967. Gas and oxygen was administered on 25 occasions during the year.

Inhalational analgesia was not given in 165 cases, for the following reasons:—

Born before arrival of midwife	10
Rapid delivery, no time	4
Considered unnecessary	151
	165

Of the 151 cases where inhalational analgesia was considered unnecessary, 81 patients received pethidine.

11. Parentcraft and relaxation classes

Some reorganisation of parentcraft classes were effected during the year. Evening classes were held at three clinics once a fortnight. The Donnington clinic has been in operation for the last four years and the clinics at Temple Cowley and Bury Knowle were started this year. They are run by general practitioners and their attached health visitors and midwives and have proved most successful. Their popularity has stemmed from the enthusiastic co-operation between doctors and nurses which provides a consistency of teaching for the expectant parents. A further parentcraft class is held in North Oxford, the health visitor and midwife being solely responsible for the teaching at these fortnightly sessions.

The physiotherapy and parentcraft classes at Blackbird Leys had to be discontinued as a result of the resignation of the physiotherapist. Mothers continued to attend the preparation classes organised by the Department of Physical Medicine and held at the Radcliffe Infirmary and Churchill Hospital. These classes are restricted to mothers (booked for home or hospital confinement) who are considered by their medical advisers to be suitable for this form of preparation.

12. Perinatal deaths in connection with domiciliary midwifery

A full investigation of every still-birth and early neonatal death is undertaken in order to assess the factors contributing to this loss of infant life.

The following categories are considered:—

(1) Deaths at home—1 still-birth.

(2) Deaths of babies born to mothers booked for home confinement but admitted to hospital as emergencies prior to delivery—none.

(3) Death of baby on way to hospital—one.

(1) Deaths at home

This occurred in the first pregnancy of an unmarried 18 year old girl who had not admitted that she was pregnant. The midwife was summoned on an emergency call but the baby was born before she arrived. The autopsy report showed no indisputable evidence of separate existence and the birth was notified as a still-birth. There was no evidence of any condition which would necessarily have resulted in death if normal obstetric help had been at hand.

Comment: Probably avoidable.

(2) Death of baby on way to hospital

This was the first pregnancy of an unmarried 19 year old girl who had had no antenatal care. The midwife was called late in labour. The delivery was normal but the baby which weighed only 3 lb. 14 oz., was anoxic. The Flying Squad was called but the baby died on its way to hospital. Autopsy revealed renal agenesis.

Comment: Unavoidable.

13. Emergency obstetric service.

This service, operating from the Nuffield Maternity Home, has continued to provide valuable support to the domiciliary midwifery service. It was called upon six times during the year. This represents 1.3% of domiciliary deliveries as compared with 0.82% in 1965 and 2.3% in 1964. Two of these patients had to be transferred to hospital.

Calls were made to the service for the following reasons:—

Cord presentation	1
Retained placenta	1
Postpartum haemorrhage	2
Postpartum haemorrhage due to vaginal tear	1
Secondary postpartum haemorrhage	1

The patient with the cord presentation was delivered by the Flying Squad of undiagnosed twins at 36 weeks. One was delivered by forceps, the other by breech extraction. Both were full-term by weight and gave no cause for concern.

The patient who had a retained placenta had had two previous normal deliveries. The present delivery was normal but manual removal of an adherent placenta was necessary.

The two patients with postpartum haemorrhage had had uneventful labours, with spontaneous vertex deliveries. Both patients lost over 50 ounces of blood and were transfused at home by the Flying Squad.

A further patient had a postpartum haemorrhage found to be due to a high vaginal tear. She was a gravida two who had a normal delivery. The Flying Squad gave her a transfusion of saline and transferred her to hospital for repair of the tear.

One patient had a secondary postpartum haemorrhage at the eighth day. She was a primigravida who had had a normal delivery. She was transfused at home and subsequently transferred to hospital where at operation traces of retained placental tissue were found.

It was felt that none of these emergencies requiring the assistance of the emergency obstetric service could have been foreseen. None of the patients had been wrongly booked for home confinement, although the twin pregnancy might have been diagnosed at an earlier stage and a hospital delivery arranged.

14. Notification by midwives to the Local Supervising Authority

The medical aid forms which had been used previously were discontinued. The close contact between doctor and midwife rendered the previous system unrealistic in that the aid forms were only completed if the doctor was not present at delivery. It did not therefore represent all occasions on which the midwives informed the doctors of all abnormalities.

A new form has been used during the year, completed monthly so as to show how often a midwife consults the doctor.

(*a*) *Booked for delivery at home*

Mother

(i) *During pregnancy*

Antepartum haemorrhage	2
Breech presentation	2
Uncertain presentation	2
Epigastric pain	1

Foetal heart not heard	1
Irregular foetal heart	1
Haematoma of thigh	1
Severe abdominal pain	1
Signs of premature labour	9
Thrombo-phlebitis	1
Toxic symptoms	9
? Urinary infection	6
	36

(ii) *In relation to labour*

High head—no progress	1
Delay in 1st stage	9
Delay in 2nd stage	7
Delay in 3rd stage	3
Breech presentation	4
Maternal distress	3
Severe vomiting in labour	1
Asphyxiated baby	6
Suturing	93
Raised blood pressure and pulse	2
Retained membranes	1
Rhesus antibodies	1
Postpartum haemorrhage	8
	139

(iii) *Early postnatal period*

? Chest infection	3
Cracked nipples	1
Depression	2
Flushed breast	2
Irregular pulse	2
Lump in breast	1
Offensive lochia	1
Perineum not healing	2
Phlebitis	4
Pyrexia	14
Raised blood pressure	2
Secondary postpartum haemorrhage	3
Severe after-pains	2
Sore mouth	1
Sore throat	1
Subinvolution	6

Suppression of lactation	18
? Urinary infection	1
? Uterine infection	5
	71

Baby

Birth Mark	1
Circumcision bleeding	3
Cyanotic attack	2
Dehydration	1
Diarrhoea and vomiting	2
Discharging eyes	17
Fleshy moles	2
Jaundice	2
Mylo-meningocele	1
Oedematous feet	1
Prematurity	2
Rash	2
Respiratory infection	21
Septic lesions	2
Talipes	3
Thrush	3
	65

(*b*) *Discharged to care of midwife after delivery in hospital.*

Mother

Irregular pulse	1
Pain in chest	1
Phlebitis	3
Rash	1
Suppression of lactation	3
Unsatisfactory perineum	5
Urinary infection	1
Uterine infection	1
	16

Baby

Blood in stool	1
Discharging eyes	9
Feeding difficulties	1
Septic lesion	1
Thrush	2
	14

15. Care of mothers discharged from hospital during the puerperium

During the year mothers were discharged to the care of the midwife before the 10th day on 513 occasions (compared with 682 in 1965 and 700 in 1964).

The reasons were as follows:—

Originally booked by midwife but hospital confinement arranged subsequently in view of complications arising during pregnancy	23
Originally booked by midwife but admitted to hospital during labour as a result of complications	22
To relieve pressure on hospital beds:—	
(*a*) Booked for early discharge	203
(*b*) Not booked for early discharge—	
before 6th day	92
6th day or over	125
(*c*) Considered unsuitable for early discharge	28
Compassionate grounds	17
Mother discharged herself against medical advice	3
	513

The scheme of planned early discharge of mothers and babies commenced in April, 1964. The midwives are requested by the hospital maternity departments to visit the mothers at home during pregnancy to determine the suitability of their domestic conditions for early discharge in the puerperium. The midwives' reports are sent to the hospital and to the general practitioner.

The scheme, however, was not running smoothly and far too many women were being discharged during the puerperium whose homes had not been assessed during pregnancy. Following discussions of this at the Maternity Liaison Committee and Local Medical Committee, a pilot study was planned by the City and County Health Departments whereby every maternity patient is referred by the general practitioner to the domiciliary midwife, with a request that the home be assessed as suitable both for home confinement and early discharge from hospital. The hospital and general practitioner will have a copy of this report. If this scheme is successful when tried out in 1967 in certain selected practices it will then be extended to include all maternity patients.

The following table shows the number of patients referred to the midwives in order to assess the suitability of home conditions for either a domiciliary confinement or early discharge and the result of the investigation:—

Source from which patient referred:	Nuffield Maternity Home and Churchill Hospital Maternity Department	General practitioners	Total patients referred
Recommended for home confinement	31	103	134
Recommended for confinement at General Practitioner Maternity Unit	11	119	130
Recommended for hospital confinement	62	126	188
Suitable for early discharge	320	50	370
Unsuitable for early discharge	48	5	53
Miscarried prior to visit ..	6	4	10
Not pregnant	—	1	1
Unknown at address given	6	5	11
Leaving Oxford	15	11	26
	499	424	923

16. Postnatal care

Every effort is made to persuade mothers to attend the doctor providing maternity medical service for a postnatal examination. With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March, 1967, the position was as follows:—

Total confinements	510
Postnatal examinations carried out	444
Postnatal examinations not carried out	29
Unknown	20
Left Oxford	17
	510

Of the mothers in whom the result is known (albeit only according to their own statement) 87% had received a postnatal examination.

17. Training School for Midwives

Part II pupil midwives from the Churchill Hospital continued to receive three months' training with the domiciliary midwives, all of whom are approved to act as teachers by the Central Midwives' Board. The pupils share the Central Nurses' Home at 39/41 Banbury Road, which is in charge of a warden/housekeeper.

In addition to their work on the district, pupils attend child welfare clinics, mothercraft classes and also antenatal sessions at doctors' surgeries. During the year 36 pupils were admitted. The C.M.B. Part II examination

was taken by the 36 pupils, 33 of whom passed at the first attempt, one at her second attempt and the other two are re-sitting the examination in March, 1967.

Pupils attended 430 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

18. Training of medical students in domiciliary midwifery

Owing to a shortage of cases it was suggested by the Oxford University Medical School that students should attend deliveries as observers, the women being delivered by pupil midwives. The Supervisor of Midwives gave a talk on the working of the domiciliary midwifery service and students accompanied midwives on their rounds. Where possible they also attended a general practitioner antenatal clinic with a midwife.

Five deliveries were attended by medical students.

19. Postgraduate education of midwives

One member of the staff attended the compulsory five year postgraduate course. The Supervisor of Midwives attended a postgraduate course for Supervisors.

Midwives and pupils attend lectures organised monthly by the local branch of the Royal College of Midwives.

The midwives made a valuable contribution to the exhibition of domiciliary nursing and home help services at the Information Centre in April.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital Maternity Department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1960	1961	1962	1963	1064	1965	1966
Hospital deliveries	914	1115	1129	1239	1308	1288	1188
	60%	67%	63%	68%	70%	73%	70%
Domiciliary deliveries	611	552	627	589	551	487	461
	40%	33%	37%	32%	30%	27%	27%
Domiciliary deliveries at General Practitioner Maternity Unit (opened August, 1966)	—	—	—	—	—	—	46
	—	—	—	—	—	—	3%

IV. Notifiable Infectious Diseases associated with Childbirth

(1) Puerperal Pyrexia

Seventeen cases were notified, all occurred in institutional confinements.

(2) Ophthalmia neonatorum

No case was notified during the year.

(3) Pemphigus neonatorum

No case of pemphigus neonatorum was notified during the year.

V. Maternal Deaths

There was one maternal death. This occurred in a 29 year old woman having her fifth baby. The cause of death was found at autopsy to be amniotic fluid embolism and bacteraemia. The patient was booked for hospital delivery and was admitted at term with ruptured membranes and in labour. She had an intrauterine infection and in view of this, despite evidence of foetal distress, the risk of a Caesarean section was not considered justifiable. She was delivered by forceps of a still-born baby and collapsed fifteen minutes later, with cardiac arrest. All efforts at resuscitation failed.

This patient had been admitted during pregnancy with pre-eclamptic toxaemia but had discharged herself on her own responsibility. Ten days later she was admitted in labour.

Comment: Possibly avoidable maternal death.

VI. Family Planning

The City Family Planning Clinic was held, as in previous years on a Monday evening in the out-patient department of the Radcliffe Infirmary. This service provides information and supplies of contraceptives for patients who have medical or social reasons for avoiding further pregnancies.

The close relationship with the Family Planning Association continues whereby some City patients may attend their nearest clinic on a reciprocal basis.

Fifty new patients were referred during the year to the Radcliffe and Blackbird Leys clinics. There were 316 attendances at the Radcliffe clinic and 119 parcels of supplies were dispatched by post. At the end of the year the clinic register totalled 272.

Sources of referral of new patients at the Radcliffe and Blackbird Leys clinics

Health visitors	34
Clinic medical officers	4
General practitioners	8
Midwife	1

Consultant surgeon, Radcliffe Infirmary	1
Consultant physician, Warneford Hospital	1
Consultant physician, Park Hospital	1
	50

Medical indications in new patients

(*a*) *Obstetric*

Multiple Caesarian section	1
Recent miscarriage	1
Rhesus incompatibility	1
	3

(*b*) *Physical illness*

Epilepsy	1
Deep vein thrombosis	2
Rheumatic carditis	1
Tuberculosis (husband)	1
	5

(*c*) *Mental illness*

Depression	6
Schizophrenia	2
Psychiatric illness of husband	2
	10

(*d*) *Medical factors*

Short birth interval	6
Grand multiparity	2
	8

(*e*) *Social factors*

Overcrowded home (immigrants)	6
Very young mother	3
Battered baby	1
N.S.P.C.C. investigation	1
Return of husband from prison	2
Marital discord	4
Social instability	5
Problem family	2
	24

During the year 67 patients were discharged for the following reasons:

No longer wished to attend	13
Medical reasons no longer valid	9
Failure to co-operate	2
Death of husband	1
Legal separation	2
Chronic schizophrenia	1
Ligation of fallopian tubes	3
Hysterectomy	5
Menopause	1
Transferred to care of general practitioner	6
Transferred to Family Planning Association Clinic	15
Left the district	9
	67

Cervical cytology

Seventy smears have been taken for pathological screening. It is of interest to note that two of the positive smears were obtained from patients who were initially approached by a domiciliary visit. In one case the examination was carried out in the patient's home, in the second she was taken by her health visitor for an out-patient postnatal check, where evidence of carcinoma of the cervix was found.

Teaching session

Three group discussions were held during the autumn term for the instruction of student health visitors. Four similar sessions were arranged throughout the year for the pupil midwives, so that every member of each intake had an opportunity of learning about contraception; an important aspect of her training.

Domiciliary visits

This service, which was started in the last quarter of 1965, continued throughout the year, as a worthwhile number of women who had previously been unable or unwilling to use the existing clinic facilities could be reached through a domiciliary visit.

General practitioners, health visitors and others dealing with problem families referred 39 patients, and a total of 174 visits were made during the year.

Of the 39 patients seen for the first time on a domiciliary visit 3 were already pregnant and 2 were unco-operative. Of the 34 who accepted help only 3 have become pregnant, and two of these had a miscarriage at an early stage.

The majority of cases (32 out of 39) were referred for help by their health visitors. Ten of the 39 cases suffered from psychiatric illness and the remainder from crippling social incompetence.

A domiciliary family planning service appears to offer the only hope of altering the future size of problem families, and so far in Oxford it appears to have been remarkably effective in this respect. Family growth has been halted in 22 families in which the trend was for a child to be born every year. (Two families having 4 children each in 4 years, six families having 3 children each in 3 years, and fourteen families with 2 children in 2 years).

B. CHILD WELFARE

1. Premature babies

Birth notifications included 116 live born and 7 still born infants weighing $5\frac{1}{2}$ lbs. or less and were subsequently classified as premature. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1965 were 101 live births and 11 still-births). They are classified according to weight, place of birth and survival in the accompanying table.

Weight, place of birth and survival of premature babies (corrected notifications).

Weight at birth	Premature Live Births												Premature stillbirths	
	Born in hospital				Born at home									
					Nursed entirely at home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at (1) in a nursing home
2 lb. 3 oz. or less	4	3	1	—	—	—	—	—	—	—	—	—	1	—
2 lb. 4 oz.—3 lb. 4 oz.	3	1	2	—	—	—	—	—	—	—	—	—	1	—
3 lb. 5 oz.—4 lb. 6 oz.	19	3	—	—	—	—	—	—	3	—	—	—	1	—
4 lb. 7 oz.—4 lb. 15 oz.	22	1	—	—	3	—	—	—	—	—	—	—	3	—
5 lb. —5 lb. 8 oz.	55	—	1	—	7	—	—	—	—	—	—	—	1	—
Total	103	8	4	—	10	—	—	—	3	—	—	—	7	—

Comments

(i) The 116 live-born premature babies represents 6.9% of the 1,672 notified live births to Oxford residents.

(ii) Seven of the 13 notified still-births to Oxford residents were premature.

(iii) As the result of careful selection of cases for domiciliary delivery, together with emergency admission to hospital of a mother going into premature labour unexpectedly, only a small number of premature births take place at home. If admission of a premature baby after birth is indicated, the "Premature Baby Flying Squad" is available at the Nuffield Maternity Home to transport it. Premature babies remain in hospital until they are well established.

Reference to the table shows that of the 116 premature births only 13 took place at home. Of these 3 were admitted to hospital, all of whom survived 28 days. The 10 nursed at home also survived 28 days. Of the whole group of 116 premature babies 104 (or 90%) survived 28 days.

(iv) The arrangements made with the Paediatric Department, Radcliffe Infirmary, for sharing the follow-up of the normal larger premature babies continued throughout the year. This involves ensuring that the babies received their extra dosage of vitamin supplements and their iron, supervising their general progress and carrying out routine haemoglobin estimations.

2. Child Welfare Clinics

(*a*) *Staff*

Each clinic is staffed by a medical officer, one or more health visitors and a number of voluntary workers, who give regular and valuable help with clerical work, weighing of babies and the distribution of welfare foods.

The medical staff is composed as follows:—

Full-time staff of the Health Department	13 sessions per week
Part-time staff of the Health Department (not in general practice)	7 sessions per week
General practitioners	13 sessions per week

Arrangements to hold quarterly meetings of all doctors taking clinics were made. The first meeting, held in November, was enthusiastically attended by 13 doctors.

(*b*) *Attendances*

The attendances at clinics during the year is shown in tabular form. An attendance is recorded only if a child comes for advice, weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

Public appreciation of the clinics is shown by the number of City children under 1 year who attended City clinics for the first time during the year. This represents 99% of the total registered live births.

Comparable figures for the last five years are as follows:—

1962	99%
1963	98%
1964	98%
1965	99%
1966	99%

Comparing the clinic attendances with those for last year, it will be seen that the total attendances increased by 614 and the number of children attending increased by 334.

The number of sessions held during the year numbered 1,563. Two of the short general practice sessions became long sessions in view of the increased demand and two further general practice sessions commenced, one a long and the other a short one. These are held at South Oxford clinic and Bury Knowle clinic respectively. In December a clinic in West Oxford Community Centre was started and will replace the St. Ebbe's clinic which is at present being held as a short session on Friday afternoons. By the end of the year, therefore, 33 regular sessions were being held—13 of which were for practice patients only, and attended by the general practitioners concerned. The proportion of clinic sessions undertaken by family doctors and restricted to practice patients is now 40%.

The arrangement whereby County children are seen at Barton and Slade Park clinics, with appropriate reimbursement by the County was extended in July, at the request of the County Medical Officer of Health, to include Rose Hill clinic.

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attendances	Number of Sessions	Average attendances
		1966	1965	1964-61		Under 1 yr.	1 but under 2 yrs.	2 but under 5 yrs.			
Bury Knowle, Headington	63	60	86	101	247	918	265	338	1,521	52	29.25
Bury Knowle, Headington (General Practice clinic—2 clinics weekly w.e.f. 2.12.66)	108	103	74	116	293	1,264	227	316	1,807	56	32.27
Barton	64	64	68	87	219	1,014	197	159	1,370	52	25.19
Cowley	75	75	82	135	292	1,071	368	325	1,764	48	36.75
Cowley (General Practice clinic A)	53	51	41	55	147	785	250	186	1,221	52	23.48
Cowley (General Practice clinic B)	65	61	70	121	252	907	364	353	1,624	51	31.84
East Oxford (2 clinics weekly)	182	155	159	177	491	2,033	634	404	3,071	99	31.02
South Oxford (General Practice clinic + L.A. clinic commencing w.e.f. 2.9.66)	115	91	84	144	319	1,367	402	348	2,117	69	30.68
St. Ebbe's	69	37	59	61	157	865	259	110	1,234	51	24.20
Summertown (2 clinics weekly)	173	142	158	244	544	1,777	602	481	2,860	103	27.77
Summertown (General Practice clinic)	91	80	61	133	274	1,085	331	358	1,774	52	34.01
Slade Park (2 clinics weekly)	73	68	79	178	325	1,057	378	507	1,942	103	18.85
New Marston	47	36	57	82	175	724	257	234	1,215	52	23.36
Wolvercote	29	26	32	53	111	508	182	142	832	52	16.00
Donnington (2 clinics weekly)	115	114	116	176	406	1,505	557	435	2,497	103	24.24
Donnington (General Practice clinic)	55	44	72	81	197	575	196	141	912	51	17.94
St. Barnabas	74	73	48	80	201	924	256	286	1,466	48	30.54
St. Barnabas (General Practice clinic)	63	46	46	66	158	720	198	173	1,091	52	20.98
Northway	42	41	53	101	195	712	269	188	1,169	52	22.48
Rose Hill Community Centre	36	36	36	82	154	433	111	155	699	52	13.44
Blackbird Leys	82	69	87	187	343	733	315	383	1,431	52	27.50
Blackbird Leys (General Practice Clinic A)	29	29	45	140	214	543	243	311	1,097	51	21.51
Blackbird Leys (General Practice clinic B—2 clinics weekly)	115	114	136	375	625	1,479	604	642	2,725	104	26.20
217 Iffley Road (General Practice clinic)	44	43	53	68	164	783	197	263	1,243	52	23.90
12 Old High Street, Headington (General Practice clinic)	50	47	58	121	226	458	199	292	949	52	18.25
West Oxford (opened w.e.f. 13.12.66)	27	18	3	2	23	27	3	2	32	2	16.00
	1,939	1,723	1,863	3,166	6,752	24,267	7,864	7,532	39,663	1,563	25.37

The following figures indicate the attendances made by children (included in the above table) who lived in the County. The majority of the children attended the Slade Park, Barton and Rose Hill clinics. Oxfordshire County Council contributed on a proportional basis to the running expenses of these clinics.

(c) *Medical Work at Clinics*

The medical officers continued to keep a record of their work. There were 1,563 sessions at which a doctor was present and altogether children under 5 years of age were seen by a doctor on 22,464 occasions.

The following table gives a summary of the reasons for which they were seen by a doctor:—

Vaccination against smallpox (performance or follow-up)	2,103	58%
Triple antigen injections	4,783	
Measles injections	3,876	
Other prophylactic injections	100	
Poliomyelitis vaccination	3,665	
Routine medical examinations—		
Initial	1,545	17%
1st year	1,127	
2nd year	745	
3rd year	602	
4th year	342	
Consultation in relation to a problem	4,885	25%
Follow-up of consultation	1,228	

(An individual consultation may figure in more than one category; for example a child may come for a routine medical examination and be vaccinated at the same time).

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	Consultation	*Follow-up*
Problems related to feeding and weight gain (excluding cases due to physical illness)	570	217
Fitness for prophylactic procedures	668	44
Physical illness	2,336	334
Physical defects (including sensory)	375	452
Psychological disturbance	176	55
Developmental progress	151	96
Prematurity	28	59
Mother's health	344	5
Miscellaneous	488	52
	5,136	1,314

The following table shows the number of children referred elsewhere for treatment:—

Family doctors	108
*Orthopaedic department	28
*Eye hospital	18
*Other hospital departments	65
	219

* In these cases the family doctor is always informed, of the referral and the consultant's findings.

Comments

The importance of the developmental examination has again been stressed. It is essential that the doctor should be given time to complete these examinations satisfactorily. Health visitors are, therefore, increasingly undertaking the other advisory work at the clinics. They may also, when requested by the doctors, undertake the routine prophylactic procedures (excluding smallpox). It is, however, essential for a doctor to be on the premises when this is carried out.

(*d*) *Tuberculin jelly testing.*

Throughout the year routine jelly testing was carried out at each birthday examination, except in children who have been given B.C.G. because of contact with known cases of tuberculosis. Positive reactions were found in 0.19% of the children tested.

Figures for the last ten years are as follows:—

1957	0.12%
1958	0.06%
1959	0.13%
1960	0.29%
1961	0.42%
1962	0.33%
1963	0.22%
1964	0.28%
1965	0.42%
1966	0.19%

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction ..	40	775	623	401	228	2,067
Positive reaction ..	—	1	—	2	1	4
Totals	40	776	623	403	229	2,071

Comments

Mantoux or Heaf tests were undertaken in all 4 cases, and in two gave confirmatory evidence of tuberculous infection. This gives a rate of 0.09% of confirmed positive reactions compared with 0.14% last year. The remaining 2 cases were dismissed as false positive jelly tests.

Notes on confirmed positive reactors

Case 1.

Girl aged 3 years. This child had no symptoms and her chest X-ray was clear. No treatment was prescribed, but she is being kept under observation at the Chest Clinic. No contacts were traced.

Case 2.

Girl aged 1 year. This child was also symptom free and had a normal chest X-ray. No treatment was given, but she will continue to attend the Chest Clinic for observation. The child's grandfather is a patient of the Chest Clinic where he attends for follow-up but no treatment.

(*e*) *Loan of test feeding scales*

Accurate scales are loaned to mothers with breast-feeding problems for use at home at the request of general practitioners, clinic doctors, health visitor or midwife. This occurred on 62 occasions.

(*f*) *Food and medicaments*

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic.

We are extremely fortunate in having the services of voluntary workers who carry out the exacting tasks of distribution at the clinics.

The number of items distributed during the year (with last year's figures for comparison) were as follows:—

	At Health Department		At Clinics		Total	
	1965	1966	1965	1966	1965	1966
Tins of National Dried Milk	7,889	6,379	25,367	17,099	33,256	23,478
Bottles of National Cod-liver Oil Compound	507	402	2,345	2,210	2,852	2,612
Bottles of Concentrated Orange Juice ..	8,280	7,759	28,787	21,990	37,067	29,749
Packets of Vitamin and Mineral tablets ..	551	496	1,165	1,126	1,716	1,622
	17,227	15,036	57,664	42,425	74,891	57,461

These figures do not include items issued to hospitals and other institutions.

Every effort is made by clinic doctors and health visitors to ensure a vitamin intake which is adequate on the one hand, and not excessive (in view of the danger of hypercalcaemia), on the other. Ascorbic acid tablets are available if there is an intolerance to concentrated orange juice and the alternative propriatary preparations, and where families are in poor financial straits. These and vitamin A and D drops are also given routinely to premature infants without charge.

(*g*) *Teaching*

Medical students from the Radcliffe Infirmary, during their paediatric training attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. These visits are preceded by two lectures on infant feeding given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

General practitioners attending post-graduate courses organised by the Post-Graduate Medical School also attend child welfare clinics.

Student health visitors, pupil midwives and student district nurses attend for instruction in child care.

Opportunity for discussing problems and keeping in touch with current paediatric practice is provided by the postgraduate paediatric ward rounds which medical officers may attend on Friday afternoons. This arrangement is to undergo some changes in the coming year since the paediatric department is being re-organised.

3. The Early Diagnosis of Deafness

The early diagnosis and treatment of deafness is of the utmost importance for normal speech development and for the prevention of psychological disturbance. Health Visitors are responsible for ensuring that children in their care are screened for possible impairment of hearing between 7—12 months of age. Children with suspected deafness are referred to the clinic medical officer for confirmation and hospital referral if necessary.

During the year health visitors tested 1,620 children aged 7—12 months and 64 over twelve months. Three children in the younger age group failed to make a satisfactory response to the screening test and were referred for otological consultation. Two were found to have normal hearing. The third, a mentally retarded child, had some degree of deafness. Five children in the older age group were referred for further investigation. One child was found to have an excessive amount of wax. Another had mild bilateral conductive deafness but did not require a hearing aid. A third child, although not deaf, had a speech defect and was referred for speech therapy. One child, with conductive deafness required adenoidectomy. One child with bilateral deafness was fitted with two hearing aids. This child is also retarded in his development and has subsequently been regarded as an autistic child.

ROUTINE HEARING TEST BY HEALTH VISITOR

4. Register of Handicapped Pre-school Children

The registration of handicapped or potentially handicapped pre-school children has continued. Initial notification is the responsibility of the health visitor who then reports on the child's progress at regular intervals to the medical officer keeping the register. Information about the children is passed to the School Health Service or to the Mental Welfare Division when it becomes apparent that some special action will have to be taken. In this way every effort is made to ensure that adequate support for the parents is provided and that assessment of the child's educational needs is made before he reaches school age.

There were 78 cases on the register at the end of the year. Twenty-nine new cases were registered whose handicaps were as follows:—

Mental retardation or disease	13
Congenital abnormalities or disease	8
Deafness	4
Other	4

All children were adequately cared for at home. One of them attended the Unit for the deaf, two attended the Mabel Prichard Training Centre, two were at St. Nicholas House and 3 attended the Spastic Day Centre. Two handicapped children died during the year.

5. Notification of Congenital Abnormalities

The notification to the Registrar General of all congenital abnormalities observable at birth has continued according to the scheme which commenced on 1st January, 1964.

The total number of infants notified was 27, an incidence of 16 malformed infants per thousand total births. The number of abnormalities present was 29, an incidence of 17.2 abnormalities per thousand total births. These abnormalities occurred in 14 live-born and one still-born male infants and ten live-born and one still-born female infants. Eight of the infants were delivered at home.

Five of the infants were premature.

The distribution of the abnormalities were as follows:—

Central nervous system	5
Eyes and ears	1
Alimentary system	2
Heart and great vessels	1
Respiratory system	—
Uro-genital system	1
Limbs	13
Other skeletal	—
Other systems	4
Other malformations	2
	29

The age and parity of the mothers are shown in the following table:—

Age	Parity								Total
	0	1	2	3	4	5	6	12	
15—19 years	2	1	—	—	—	—	—	—	3
20—24 years	3	3	—	1	—	—	—	—	7
25—29 years	—	—	1	2	1	2	1	—	7
30—34 years	3	2	—	1	—	—	—	—	6
35—39 years	—	1	—	—	—	—	1	1	3
40—44 years	—	—	—	—	—	—	—	—	—
45—49 years	—	—	—	—	—	—	1	—	1
	8	7	1	4	1	2	3	1	27

6. Infant Deaths

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
Prematurity	10	—	—	—	10	—	—	—	—	10	10
Dysmaturity, and respiratory distress syndrome	2	—	—	—	2	—	—	—	—	2	2
Rhesus incompatibility	2	—	—	—	2	—	—	—	—	2	2
Congenital malformations	—	—	—	—	—	2	1	1	—	4	3
Enterocolitis	—	—	—	1	1	—	—	—	—	1	1
Bronchiolitis	—	—	—	—	—	3	1	—	1	5	3
Pneumococcocal septicaemia and meningitis	—	—	—	—	—	1	—	—	—	1	1
Intussusception	—	—	—	—	—	—	1	—	—	1	1
Accident	—	—	—	—	—	2	—	—	—	2	—
	14	—	—	1	15	8	3	1	1	28	23

Comments

There were 28 infant deaths during the year of which 4 occurred at home. One occurred whilst the child was being transferred to hospital and one death was the result of a road accident. This represents an infant mortality rate of 16.25 compared with the national figure of 19.0.

Fourteen of the infant deaths occurred in the first week of life and in 10 of these prematurity was the major cause of death. Two infants died as a result of severe rhesus haemolytic disease and in two cases death was due to dysmaturity and the respiratory distress syndrome. A three weeks old infant died shortly after admission to hospital with enterocolitis.

Thirteen children died in the post neonatal period. Four of these died as a result of congenital malformations. Six died of acute infections—five had bronchiolitis, and in another the cause of death was due to pneumococcal septicaemia and meningitis.

Two children died as a result of accidents, one at home whilst a relative was trying to save her from a burning house, the other when involved in a road accident.

Prematurity and congenital malformations, therefore, continued to be the major factor in the aetiology of infant deaths, being responsible for 64.3% of them during the year. The increase in the number of deaths in the post neonatal period is, however, alarming. This increase has been in the number of deaths from acute infections. The trend in recent years has been for infant deaths to occur very largely in the neonatal period due to factors operating in the ante- intra- or immediately postnatal period.

7. Screening for Phenylketonuria

The routine use of phenistix tests for phenylketonuria has never been adopted in view of the lack of sensitivity of this test. The use of paper chromatography methods has overcome this disadvantage and has the added value of being less wasteful of health visitors' time, since the impregnated filter strips can be left with the mother who can post them when they have been saturated with the baby's urine. The paper chromatography method also makes it possible to diagnose other metabolic conditions.

The Medical Research Council have made a grant to Dr. Woolf of the Radcliffe Infirmary, enabling him to undertake screening procedures for phenylketonuria by paper chromatographic methods. It is planned that, from January 1st, 1967, all infants born in the City will have this test.

8. Nurseries

(a) Day Nurseries

The two day nurseries continued to admit children under the age of three years who cannot be cared for adequately by their mothers owing to some special hardship.

The decision to admit a child is the responsibility of one of the assistant medical officers who investigates the case fully and sanctions admission only if it is considered to be in the best interest of the child.

Reasons for admission of new children were as follows:—

	Botley Road	*Florence Park*
Doctor's recommendation	12	5
Illegitimate children	8	18
Illness of parent	11	4
Parents separated	5	11
Motherless	—	2
	36	40

Details of attendances and staff during the year are given in the following table:—

	No. of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	24	12	13	14	9.08	11.98	4
Florence Park	30	29	11	17	15	12.56	10.25	4

Comments

The nurseries are visited weekly by the same medical officer who supervises the health and welfare of the children, and with written consent of the mother or guardian, carries out any prophylactic procedures which may be advisable.

The maximum charge for a child's maintenance at the nursery was increased from 15/- to 16/3*d.* per day. Parents are assessed according to income, subject to a minimum charge of 3/- per day.

The following table shows the assessments for children on the register at the end of the year:—

Assessed to pay	*Botley Road*	*Florence Park*
16/3*d.* per day (maximum)	3	3
13/4*d.* to 7/4*d.* per day	3	1
6/- to 3/2*d.* per day	7	2
3/- per day (minimum)	12	20
*Children from other local authorities	2	6
	27	32

*In these cases the County authority is responsible for payment of full cost.

Both nurseries provide facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

(b) Nurseries and Child Minders Regulation Act, 1948

Details of registration under the Act are shown in the following table:

	Number registered at 31.12.66	Number of children provided for
Premises	12	348
Daily minders ..	7	60

(c) Save the Children Fund Playgroups

The two playgroups for the 2—5 year olds under the auspices and with the financial help of the Save the Children Fund have continued to flourish. At Slade Park 26 children were on the register at the end of the year and a further 9 were on the waiting list. The East Oxford playgroup, previously operating for three afternoons was extended and opened on two mornings also. There were 33 children on the register of the afternoon group at the end of the year with an average attendance of 30 throughout the year. There were 25 children on the register of the morning group, with an average attendance of 20. It has become apparent that the mothers prefer to use the afternoon group and have frequently asked to change to the afternoon. There is, however, a waiting list for both groups.

The playgroups have salaried organisers, but rely very considerably on the generous support of voluntary workers without whom the numbers attending could not be managed.

Both playgroups are filling a need for the deprived or potentially deprived child. The East Oxford playgroup has been of value in promoting racial integration. At the end of the year there were 26 British, 12 West Indian, 7 Pakistani, 7 Irish, one Italian, one Persian and one Canadian children attending.

9. Co-ordinating Committee for Children Neglected or Ill-treated in their Own Homes

The Committee, under the Chairmanship of the Children's Officer, met every six weeks during the year. Discussions took place in relation to 50 families. In addition case conferences of the individual workers concerned, including the family doctor and health visitor, were held on a number of occasions.

It is the general opinion of the officers concerned that there is a definite value in their regular personal contact, in the pooling of information and in the agreement which is reached as to the action to be taken about the families discussed.

EAST OXFORD PLAY GROUP

10. Adoption Act, 1958. (Dr. Lawrence)

The number of children examined prior to placement for adoption has fallen from last year's high figure of 55, and this year 38 babies were seen on behalf of the Children's Department together with 3 for the Moral Welfare Association as Agent for the Church of England Children's Society. In only one case was it necessary to delay adoption on account of uncertainty regarding the rate of mental development of the baby.

The assessment of young babies in relation to adoption is in many cases a difficult task, and it is customary to obtain a detailed report from the paediatrician in charge of the baby at and after delivery, before submitting the medical report to the Adoption Society. The result of Wasserman and Kahn tests on the mother's and infant's blood is also made available, and the baby's urine is tested to exclude phenylketonuria after the age of six weeks.

The examination of the baby follows the usual pattern of the initial examination at a child welfare clinic, with particular attention to signs of a racially mixed parentage.

A doctor from the Health Department serves on the Adoption Sub-Committee of the Children's Committee in order to advise on the medical aspects of prospective adopters. This often entails writing or talking to family doctors and specialists to discuss the health of prospective adopters in order to ensure as far as possible that they are suitable both physically and mentally to adopt a child. On two occasions where an application gave cause for anxiety the couples were interviewed, and in one case referral to a psychiatrist was arranged, for an opinion as to the couple's suitability to adopt a child.

11. Care of Illegitimate Children

There were 196 registered illegitimate live-births to Oxford residents. This represents 11.37 of all live-births, compared with 12.46% in 1965. Of the 186 illegitimate births which occurred in the City, there were 68 cases in which the father and mother registered the birth together.

Mother and Baby Hostel

Mothers are admitted at the request of a social worker when the need arises, either in pregnancy or after the baby is born. The usual stay is for three months—six weeks before the birth of the baby and six weeks after, thus giving the mother an opportunity for a considered rather than a hurried plan for the baby's future after discussion with a social worker. This time-table is not rigidly enforced and the length of stay depends both upon the mother's need and her ability to profit from a stay in the hostel.

The opportunity is taken to teach mothercraft as well as to assist in finding suitable accommodation and work for those who decide to keep their babies.

When vacancies occur, cases are admitted from other Local Health Authorities, who are responsible for the full cost of maintenance, and 31 such cases were admitted during the year.

There is an annexe, consisting of a single room with toilet facilities, which is intended for overnight emergency accommodation for a homeless woman with or without a baby. There were 12 admissions to the annexe during the year.

Admissions and discharges (excluding the annexe) were as follows:—

	Admissions	*Discharges*
Mothers	55	54
Babies	27	27

The average length of stay was as follows:—

Antenatal	38 days
Postnatal	32 days

The disposal of the 25 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.) ..	12
Mother to own home, baby to foster home	4
Mother to lodgings, baby to foster home	3
Mother to own home, baby for adoption	1
Mother to own home, baby taken into care by Children's Department	2
Mother and baby in care of Children's Department	1
Mother to complete nursing training, baby to foster home	2
	25

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICE

It is too early to assess how far the current increase in the number of requests by parents for dental inspection of their "under-fives" reflects growing awareness by the public of the importance of the dental health of this group of young children. Undoubtedly, a more enlightened attitude in this respect is becoming more common, and significant results can be expected from the efforts of the Health Education Officer to persuade parents of three year old children to seek dental advice regularly, even when they think their children's teeth are healthy. Requests for appointments for pre-school children which may result from his campaign will be given priority at the clinic, as these children have always been regarded here as the most important group from the point of view of dental care.

The following tables show the work carried out by the Principal Dental Officer during the year:—

	Children under 5 years	*Expectant and nursing mothers*
(i) *Inspections*		
Patients given first inspections	103	4
Patients who required treatment ..	100	4
Patients who were offered treatment ..	100	4
(ii) *Visits for treatment*		
First visits	100	4
Subsequent visits	64	8
Total visits	164	12
(iii) *Treatment provided*		
Teeth filled	125	6
Teeth extracted	24	8
Scaling or removal of stains	50	4
Teeth otherwise conserved	198	—
(iv) Number of courses of treatment completed	99	3

SECTION VII

MENTAL HEALTH

1. Administration

(a) Staff

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of this Division. The Chief Mental Health Officer co-ordinates the work done by the Mental Health Officers, the Training Centre, the Industrial Training Unit and the Hostel for Subnormal Children. This aspect of his work is of great importance and it enables an integrated service to be provided for the mentally handicapped. The Mental Welfare Officers supervise the welfare of both subnormal and mentally ill patients.

(b) Co-ordination with Hospitals

The Mental Health Sub-Committee and the Hospital Management Committees of Littlemore and of the Warneford and Park Hospitals have several members in common. The Medical Officer of Health is a member of the Warneford and Park Hospitals Management Committee and his Deputy is a member of the Littlemore Hospital Management Committee. The Mental Health Officers attend case conferences, outpatient clinics and clinical meetings at the local psychiatric hospitals and work closely with the hospital staff.

(c) Voluntary associations

A member of the Oxford branch of the National Society for Mentally Handicapped Children is a co-opted member of the Mental Health Sub-Committee and the Chief Mental Health Officer attends the committee meetings of this Society.

On the 8th December a meeting was held at the Town Hall under the chairmanship of Mr. R. B. McCallum, to establish a local branch of the National Association of Mental Health. The Chief Mental Health Officer was made a member of the Steering Committee.

Voluntary associations do much valuable work in the mental health field. The local branch of the National Society for Mentally Handicapped Children runs a social club for subnormal adults and children and their families besides many other activities.

(d) Training of the Mental Welfare Officers

In September one of the trainee Mental Health Officers began a two year course to obtain the certificate of the Council of Training in Social Work at the North Western Polytechnic, London. One of the Senior Mental Health Officers returned from a one year course at the National Institute for Social Work Training in Bloomsbury.

2. Work in the Community

A. The Mentally Ill

(i) Admissions and discharges from hospital

Admissions	1961	1962	1963	1964	1965	1961–65	1966
Section 25 (admission for observation on 2 medical certificates)	44	46	72	56	50	53.6	83
Section 26 (admission for treatment on 2 medical certificates)	12	8	5	6	3	6.8	5
Section 29 (emergency admission on 1 medical certificate)	58	60	76	81	66	68.2	59
Section 60 (admission via a court of assize or quarter sessions)	5	2	2	3	4	3.2	4
Section 65 (Court order restricting discharge)	—	1	1	—	1	0.6	3
Section 71 (custody during Her Majesty's pleasure)	—	1	—	—	—	0.2	—
Total compulsory admissions ..	119	118	156	146	124	132.6	154
Informal admissions	377	415	511	485	537	465.0	599
Total admissions	496	533	667	631	661	597.6	753
Deaths in hospital	10	32	33	40	37	30.4	50
Left hospital	437	467	554	583	621	532.4	686
Total discharges	447	499	587	623	658	562.8	736
Difference between recorded numbers admitted and discharged	49	34	80	8	3	34.8	17

The number of informal admissions has once more risen and is the highest since the Mental Health Act came into operation. The number of compulsory admissions to hospital is the highest since 1963. In spite of this the number of admissions under Section 29 of the Mental Health Act has been reduced.

(ii) Admissions of the elderly to psychiatric hospitals

There has been an increase in the number of patients over 60 admitted to hospital as shown in the following table:—

Admissions to psychiatric hospitals

Age	1961	1962	1963	1964	1965	*Average* 1961-65	1966
60—69 years ..	35	49	40	39	51	42.8	52
70—79 years ..	20	34	38	37	33	32.4	37
Over 80 years ..	6	23	24	22	31	21.2	43
	61	106	102	98	115	96.4	132

Nineteen of the total of 132 patients had had previous spells of admission to hospital.

(ii) Supervision

During the year 177 mentally ill patients and 5 psychopaths were referred to the Mental Health Division and at the end of the year there were 271 mentally ill patients and 2 psychopaths under supervision.

B. Subnormality

(i) Ascertainment

New cases referred by:—		
Education Department		16
for supervision after leaving school	8	
for admission to Training Centre	8	
Hospitals		7
Other local authorities on removal to Oxford		3
Miscellaneous		15
		41

At the end of the year these were placed as follows:—

Working	18
Junior Training Centre	9
Industrial Training Unit	1
Hospital	2
Unemployed at home	8
Left district	3
	41

(ii) Accommodation in Hospitals

(a) Waiting Lists

Six children and five adults were on the waiting lists of hospitals at the end of the year. Comparative figures for the last five years are as follows:—

	Hospital Waiting lists					
	1961	1962	1963	1964	1965	1966
Children under 5	1	2	2	0	1	1
Children 5—15	5	5	6	2	4	5
Adults	7	5	5	5	5	5

(b) Oxford residents in hospital inside the region

	M.	*F.*
Borocourt	28	27
Bradwell Grove	16	2
Cotshill Hospital	3	1

Cumnor Rise	—	8
Northview Hospital	—	2
Pewsey Hospital	9	8
Purley Park	2	—
Smiths Hospital, Henley	5	3
Style Acre, Nr. Wallingford	4	—
Wayland Hospital	—	10
	—	—
	67	61

(c) Oxford residents in hospital outside the region

	M.	*F.*
Barvin Park, Potters Bar	3	—
Cell Barnes Colony, St. Albans	1	1
Churchill House, Easthampstead	1	—
Etloe House, Leyton, London	—	1
Leybourne Grange Colony, West Malling	—	1
Lisieux Hall, Chorley	1	—
Manor House, Aylesbury	2	2
Maximum Security Institutions	6	—
Mount Tabor, Aylesbury	—	1
Royal Western Counties Hosp. Starcross	—	1
St. Francis School, Buntingford	3	—
St. John's Hostel, Camberwell	—	1
St. Mary's Home, Buxted	—	3
Stallington Hall, Stoke-on-Trent	1	—
Stoke Park Colony, Bristol	3	3
Sunfield Children's Home, Stourbridge	1	—
Sunshine Home, Wellington	1	—
	—	—
	23	14

(iii) Supervision

At the end of the year 196 subnormal persons (51 children and 145 adults) were being supervised informally by the Mental Health Officers.

(iv) Guardianship

At the end of the year three cases were under guardianship; of whom one was in the care of the Brighton Guardianship Society, one was in employment in Buckinghamshire, and one was working in a local hospital.

(v) The Mabel Prichard Training Centre

The age and sex distribution of the children attending at the end of the year is shown in the following table:—

	Boys	*Girls*	*Total*
0—4	1	2	3
5—10	15	13	28
11—15	8	5	13
16 years and over ..	2	0	2
	26	20	46

A school medical officer visits the Centre every term and all children are medically examined at least once a year. All children who are going on the Training Centre holiday are examined beforehand. Arrangements have been made for the children to have regular screening tests for vision and hearing in the same way as school children and also to have regular dental inspection by the school dental officer.

The special care unit was completed in October, 1966, and there were 4 children attending at the end of the year. It is designed to take 12 children who are below the age of 5 years, or have serious physical and mental handicaps. A nursery assistant has been engaged to help the assistant supervisor, who is in charge of this part of the centre.

Sixteen children from the centre were taken to Swanage early in May for ten days. This holiday was as successful as usual. The children were able to use Lawn Upton School swimming pool once a week in the summer, for which we are most grateful.

The parent-teachers association ran a jumble sale in October which raised £25 towards holidays and outings. A sale of work organised with the National Society for Mentally Handicapped Children in November raised another £75 for the same purpose.

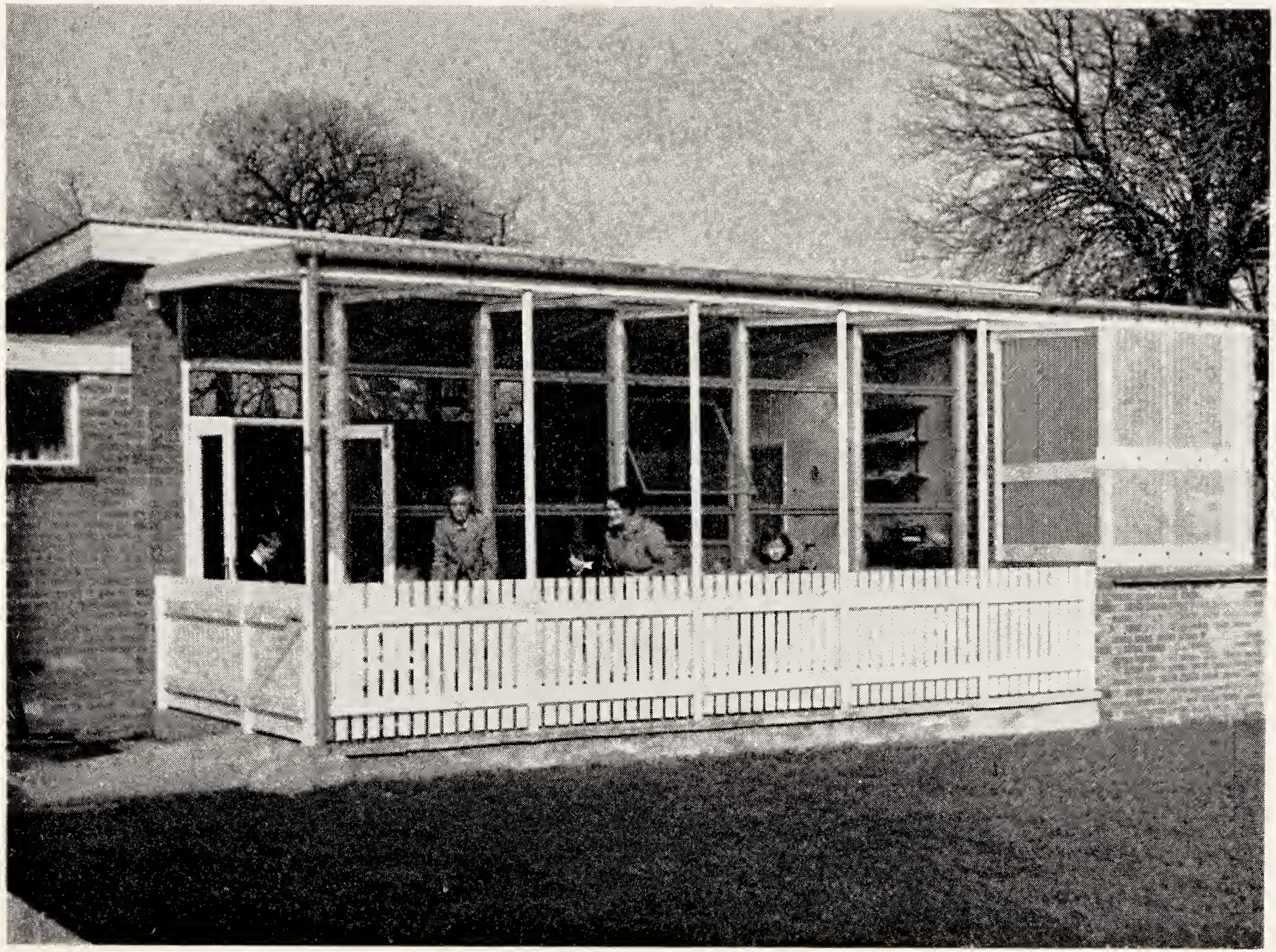
The United States Air Force presented an outdoor climbing frame to the children at Christmas.

(vi) St. Nicholas House

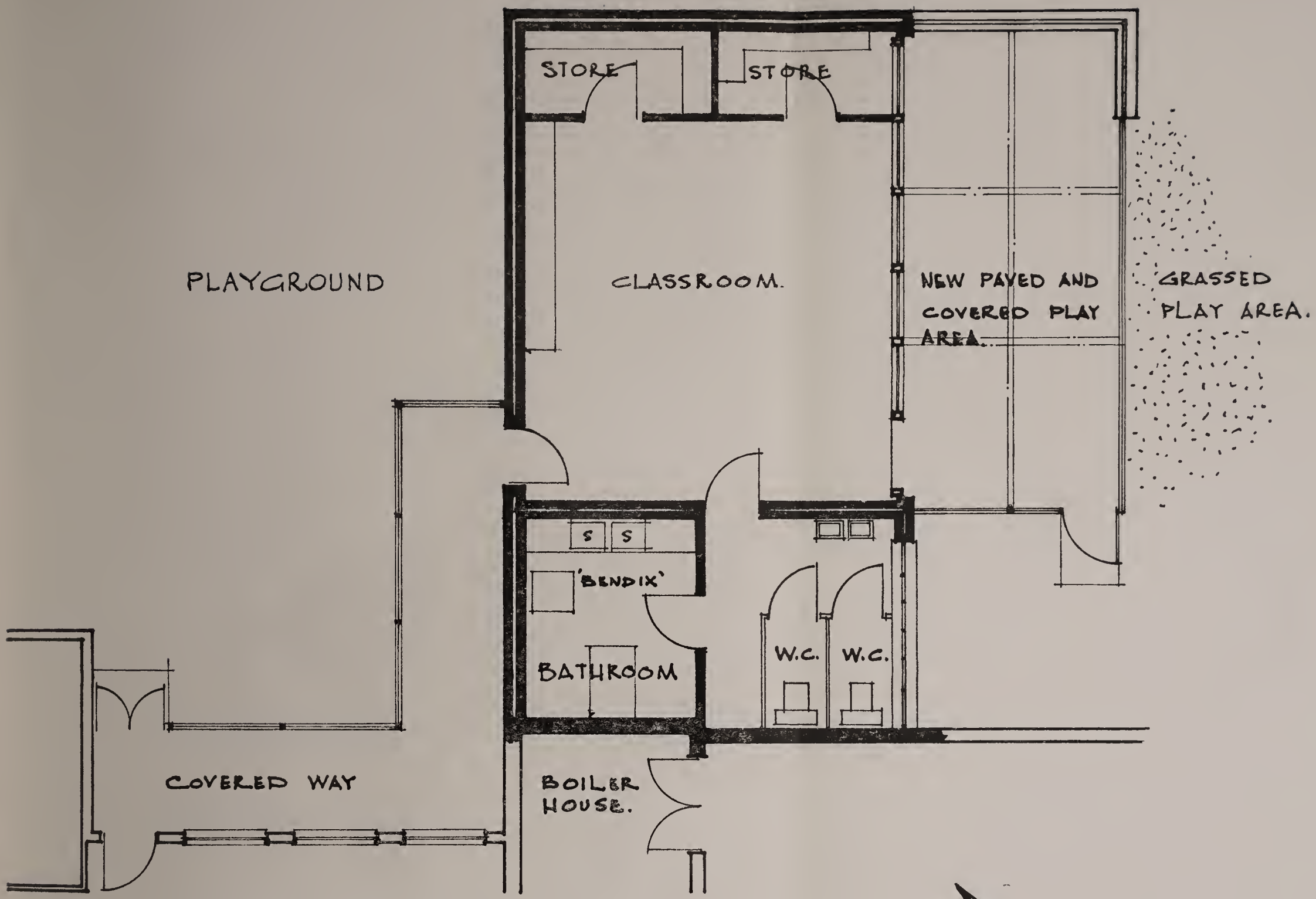
The age and sex distribution of the children in residence during the Michaelmas term is shown in the following table:—

	Boys	*Girls*	*Total*
0—4 years	1	1	2
5—10 years	2	5	7
11—15 years	2	2	4
16 years and over ..	4	1	5
	9	9	18

The hostel continued its work on the same lines as before. In February a three year old boy who was unable to walk or sit up was admitted temporarily and occupied the place of the baby of the family until the end of the year. He has now been found a permanent home at Borocourt



SPECIAL CARE UNIT
MABEL PRICHARD TRAINING CENTRE



CITY OF OXFORD ~
SPECIAL CARE UNIT :
MABEL PRICHARD TRAINING CENTRE
ST. NICHOLAS ROAD : LITTLEMORE ~

Hospital. During July and August children were admitted for short periods to enable their parents to take holidays. A play group was held from 8th to 20th August. The children had their own holiday at Swanage in September.

The hostel welcomed many visitors during the year. Besides students, and social workers in training, they included Dr. Kushlick of the Wessex Regional Hospital Board, Dr. Gunner Dybwad of the International Union for Child Welfare, Geneva, and Dr. Y. Posternak of the Swiss Federation of Associations of Parents of Mentally Defective Children. A meeting of the Oxford Medical Lunch Club was held at the hostel in May.

Mrs. Davies, the superintendent, joined a symposium of speakers at a National Association for Mental Health Conference at Wimbledon in July.

Social activities included a visit to Wembley Stadium for an Ice Show in January, and an Easter Egg Party given by the Girl Guides. Two visits were made to St. Giles' Fair. There was a bonfire night party. The Christmas party was held on 14th December.

In May two girls were confirmed at SS. Mary and Nicholas' Church, Littlemore, by the Bishop of Oxford.

Guides, University Toc H., and various other volunteers, have continued to give regular help which is of great value.

We are grateful to an anonymous "grandma" for three gifts, to the parish priest, headmaster and children of St. James' Church School who brought gifts from the Harvest Festival, and to the darts team of "Somerset House", Marston Road, for Easter Eggs and other treats.

(vii) The Industrial Training Unit

Lord Segal, Chairman of the National Society for Mentally Handicapped Children, opened the Industrial Training Unit officially on 2nd May, 1966. The following is the address that he made on this occasion:—

"I feel very proud and privileged to have been invited this afternoon to declare open this very fine Industrial Training Unit for Mentally Handicapped Adults, and to launch it on its beneficent career.

This is an enterprise which reflects the greatest credit on all who have been associated with this work, and our tribute of thanks is due to all who, by their zeal and effort, have been able to create in Oxford such an impressive Training Unit, which, I am sure, will hold its own with any similar enterprise anywhere in the country.

As you all know, the whole approach to the problem of Industrial Training for the mentally handicapped has undergone a great change in the last few years. It would seem as if the conscience of the whole community has been roused to a new realisation of where our duty lies.

We seem to be trying to atone at last for the wrongness of our approach, and to be making some amends to those unfortunate members of our community who so desperately need our help and understanding.

Today our whole outlook has become far healthier, and far more constructive.

Especially here in Oxford do we realise that, where our young people have been generously endowed by nature with all their intellectual and educative faculties, we have been able to give them every help and encouragement to fulfil themselves and render service to the Community.

So also here in Oxford do we owe it to those who have been denied by nature the intellectual opportunities that we enjoy, to them also must we offer a chance to develop their faculties, and to play a useful part in the life of our Community.

We know now how well they can respond to help and encouragement. When we create for them new opportunities, we open out to them a whole new world, and rouse their imagination, even where they may have been slow to respond to the dull routine of a formal education. And so by means of new ideas, new techniques and new methods of approach, they too, have been given an opportunity to fulfil themselves, and become an asset to the Community. That is why this new Industrial Training Unit is such a hopeful venture in our midst.

The Society of which I have the honour to be Chairman, the National Society for Mentally Handicapped Children, has pioneered an Industrial Training Unit at Slough, which has amply proved that certain skills, hitherto unsuspected, can be learnt, even by the very severely handicapped.

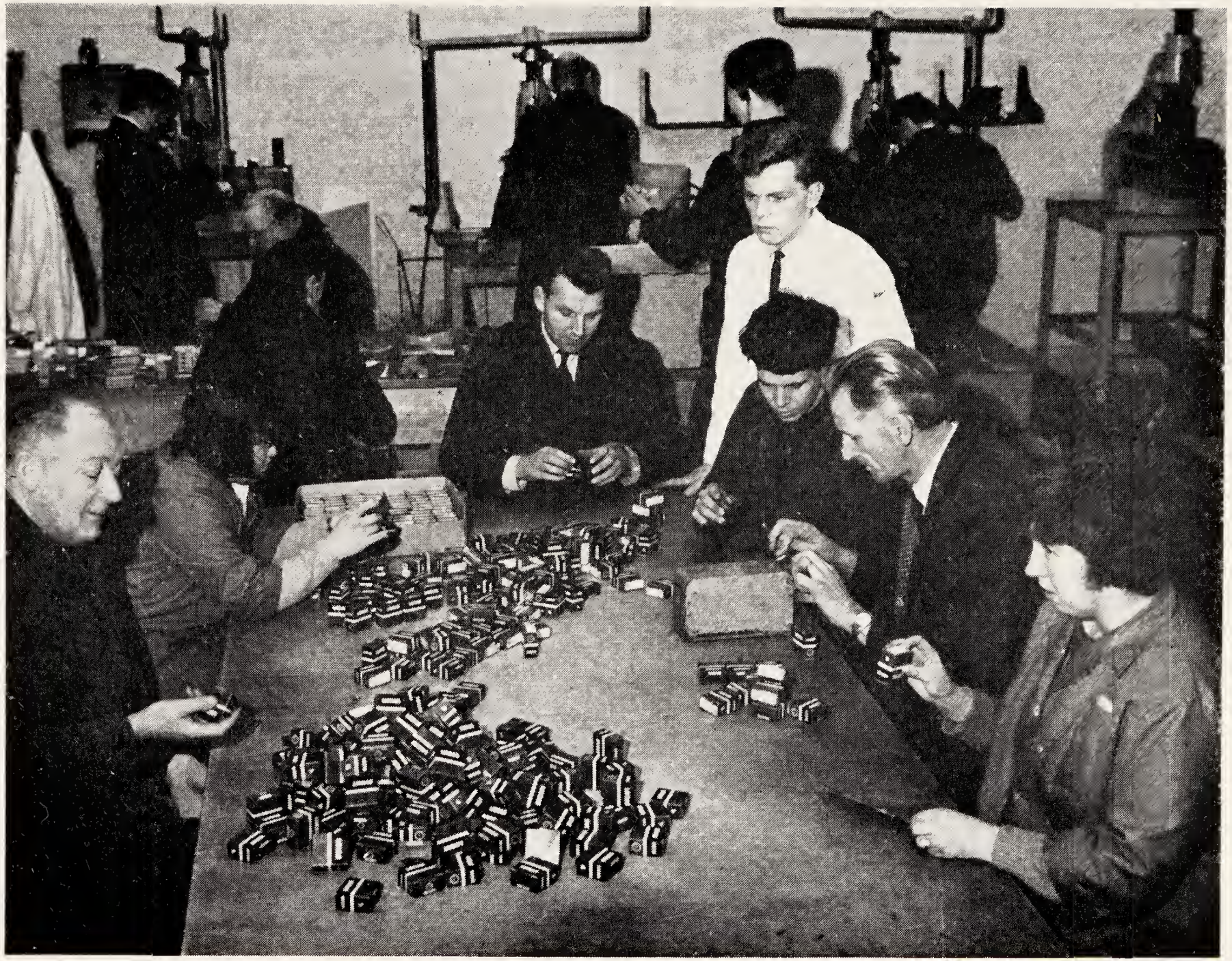
There is in fact scarcely any degree of mental handicap, however severe, which does not respond to some form of training. We were able to open up new fields for their activities, and to give them a new interest in life. And this, I would emphasise, was through the initiative and the insistence of parents of mentally handicapped children, who refused to accept oblivion or permanent hospitalisation for their children's future. They were determined to continue the struggle on their children's behalf, and to blaze a trail, and this they have eminently succeeded in doing.

And now, at long last, it has become the duty of every community that calls itself civilised, to care for its mentally handicapped, to give them, not only sympathy and understanding, but also a new human dignity, and the chance of becoming, to a large extent, self-supporting and worthy citizens of our community.

This new enterprise in Oxford starts off with at least two great advantages:

1. It is well sited on the fringe of a new and rapidly growing industrial area. These great industrial enterprises of Oxford are well-known throughout the country, not only for their efficiency, but also for their wide humanity and great public spirit. We hope they will all encourage this great new undertaking, not only with their sympathetic interest, but also with their active support.

The type of training given in this unit must, for a considerable time, lead into sheltered occupations. But just as the physically handicapped have been helped by the public spirit of our great industrialists, so we feel



PACKING MOTOR ACCESSORIES
INDUSTRIAL TRAINING UNIT

that the mentally handicapped too, have a right to stake their claim. And we trust there will be no lack of useful openings for them when they have completed their training.

2. And secondly this Unit is situated in the area of a great University, where new ideas and new applications can be studied and assessed.

One of the difficulties at our Society's Industrial Training Unit at Slough has been the follow-through of absorption into the industrial life of the Community of our trainees after their discharge. There is a very valuable field here for case-work and scientific study to be done, which could be of enormous value in helping along other enterprises and other experiments. Here in Oxford you have the means and the scientific skills to follow up this beneficent work.

I have spoken of the new outlook in our Community towards this problem. Only two days ago, at the Annual Conference in London of the National Society for Mentally Hancidapped Children, at which I had the honour to preside, the Minister of Health, Mr. Kenneth Robinson, spoke of the urgent need for an extension of the good work you are doing here.

He gave statistics of his Ministry's projects, and stated that "the most striking new development is to be seen in the services for Mentally Handicapped Adults. In 1956, there were only 4,000 adults in Local Authority Centres. Today, less than ten years later, there are nearly 17,000. Local Authorities are planning for over 29,000 in 1974, an increase of some 60%. What is most encouraging is that, for the first time there are now more adults in training centres than children, which is as it should be. It is most important that those of the present generation of children in Junior Training Centres, who are unlikely to hold down an outside job, should be able to go on to properly equipped Adult Centres."

May I also say how very much this striking new enterprise of yours is worthwhile ? Those of you who work on the Mental Health Sub-Committee, know how gratifying are its rewards. There is to my mind, no finer or more rewarding work to be done on any Committee. All of us who are associated with this work know how much this is true. These youngsters are often able to give far more than they receive. The very genuine gratitude, the warmth, the affection they can give, more than amply repay any effort you may put into this undertaking.

There is another aspect to this work which needs to be stressed: our duty to relieve the anxiety of the parents. I am sure that our National Society is doing a great work in bringing together parents who are able to help one another, whom through all the stresses and heart-searchings they have themselves had to undergo, can see each other's difficulties, exchange ideas, pool their efforts, and render a great service to the community. We want the parents also to have a stake in this enterprise. We want them to feel that their youngsters are being helped towards human dignity and self-respect. We want the veil to be lifted from the shadows of the past, and the problem to be brought out into the open. These youngsters have a claim upon us. They are entitled to the simple human rights that

we all enjoy. Our consciences must not be allowed to rest until we have given them every chance of a richer and fuller life.

We may still have to face many difficulties and many set-backs in this undertaking. Any pioneer enterprise expects to find the going hard at first. But we know already how much can be achieved, and I have no doubts whatever about your ultimate success.

May I say at once how very impressed I have been by all that I have seen of your Unit so far ?

These premises have been well-conceived and excellently planned. They reflect the greatest credit upon all who have shared in this enterprise, and I am convinced that this work will progress from strength to strength, and prove a great source of good to our Community.

My Lord Mayor, Madam Sheriff, Ladies and Gentlemen, it gives me the greatest pleasure formally to declare open this great new enterprise for the Industrial Training of the Adult Mentally Handicapped, and to wish it every possible success."

The age and sex distribution of the trainees at the end of the year was as follows:—

	Men	*Women*	*Total*
16—19 years	12	10	22
20—29 years	3	9	12
30—39 years	8	—	8
40—49 years	5	—	5
50—59 years	5	2	7
60 and over	—	1	1
	33	22	55

The place of domicile of these trainees was:—

City of Oxford	53
Berkshire	2

In March Oxfordshire County Health Department brought their new Training Unit at Wheatley into use. Six trainees who had been attending the City Unit were then transferred to it.

During the year some long-standing patients at Littlemore Hospital, whose previous domicile was the City of Oxford, attended the Unit as trainees. The experiment was a success; the higher intelligence but lower drive of these patients fitted in well with the personal qualities of the regular trainees. Eleven Littlemore patients attended during the year for variable periods. Eight were attending at the end of the year.

The work of the Unit continued on the lines laid down last year. In spite of the national financial troubles steady contracts were obtained and there was no shortage of work for the trainees.

The National Society for Mentally Handicapped Children gave the trainees £50 for a record player and have also given them a hairdryer and a tape-recorder.

Two hundred and forty visitors came to the Unit in 1966, from Australia, France, Israel, the United States, and Uruguay as well as from all parts of the British Isles.

3. Future developments.

(a) Hostel for subnormal adults

Planning for this project went ahead during the year and formalities were completed early in 1967 enabling a start to be made before the end of the financial year. It is hoped that the hostel will be occupied by the end of 1967.

(b) Hostel for the mentally ill

The building of a hostel for the mentally ill has been postponed for a year or two because of the financial situation.

SECTION VIII

WELFARE SERVICES DIVISION

Report by J. C. DAVENPORT
Chief Welfare Services Officer

In July, 1948, the City Council delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly to deal with the administration of welfare services in the City.

1. General Welfare Arrangements for the Aged and Infirm

Twenty years ago the winds of change were beginning to gather in intensity and local authorities everywhere, members and staff, were discussing the new era that was to be ushered in by the National Assistance Act. The intention was to abolish the existing Poor Law and to provide: "in lieu thereof for the assistance of persons in need by the National Assistance Board and by local authorities; to make further provision for the welfare of the disabled, sick, aged and other persons".

1966 was a year which had many similarities to 1946 in that an Act was introduced to the Statute Book abolishing the National Assistance Board, and a Government Committee deliberated on how the existing social services could be designed to provide a better service for the welfare of disabled, sick, aged, and other persons. It has been said that for the last 150 years wars have occurred at intervals of approximately twenty years, and it would appear that major social reforms (or should I say wars of upheavals) have, for the past seventy years, occurred with the same frequency.

Major policy changes imply that reforms are necessary because of the failure of the present code and operation, but whilst I would be the last to be complacent, I believe that the progress made towards a better welfare service in Oxford over the past nineteen years is something the City can be proud of. The Council entered into the spirit of the 1948 Act with great enthusiasm and the very ambitious targets that were set have practically been achieved. A large institution has been closed and the waiting list of people in their own homes and from hospitals for the Old People's Homes has been drastically reduced. In other welfare fields Oxford has pioneered services which have become the accepted standards. Nevertheless there is still much more that could be done in designing and implementing services which are essential to the happiness and comfort of the elderly and handicapped persons who constitute approximately one-eighth of the population in the City.

Personal services are not solely to be measured by their intensity or availability, but equally important is their acceptability to the recipient. Probably the most apparent proof of this is available at the Old People's

Homes, and in the waiting list for admission. It has been possible because of the quality of service offered to obtain a great deal of co-operation from our elderly citizens in planning for their future, and a constant total of approximately 200 persons have accepted the fact that within the foreseeable future they may have to consider giving up an independent life in their own homes, and change to living in residential accommodation. Many of them have had short spells in the Home of their choice, and are actually looking forward to a secure future even though this does involve a move which twenty years ago old people would have dreaded. The short term admission, which incidentally was an Oxford pioneered service in 1952, has been tremendously important in promoting this happy state.

At the end of the year a start was made on a new Old People's Home at Blackbird Leys, and completion is due towards the end of next year. This Home continues the plan of providing residential accommodation to serve each area of the City, and there are now only three neighbourhoods which have not got this essential facility. It is not sufficient to provide a comfortable place for an infirm person, that place must be where the individual can remain in contact with those local people and activities which have concerned him or her all their recent life.

An efficient meals on wheels service is one which is of prime importance in any domiciliary welfare service for the aged and handicapped. Whilst one must not discount the nutritional value of food and the necessity for adequate quantities to maintain health; nevertheless variety of menu, tasteful presentation and regularity of delivery at the right time, along with friendly and cheerful contact are equally important. The meals service in Oxford is extremely popular and this is certainly due to the efforts made by the cooks and staff involved at the various centres providing the meals, and to the ladies of the Women's Royal Voluntary Service and the British Red Cross Society who deliver the meals. In addition to the York Place Municipal Restaurant, meals are now prepared and sent out from five Old People's Homes, and efforts have been made to shorten the rounds to ensure adequate time for delivery. The meals service does not normally operate at weekends, but where great hardship exists as a result, arrangements are made for day or short term admission to a Home.

The bathing service has had its difficulties due to staff shortage, but has expanded considerably and at the end of the year a total of forty-one persons were being assisted. Like other services in the field of welfare, bathing assistance, being of a very personal nature, has required some settling-in time, but I consider it is now completely acceptable not only because of the numbers who benefit, but by the distress caused when due to staff difficulties regularity of help has to be curtailed.

It would indeed be remiss not to mention again the great partnership which exists between the Welfare Division and the voluntary societies together with individual voluntary helpers who form the team operating the social services. Statutory officers have at all times to work within

the legal limits imposed, but the ready co-operation of voluntary help is such that their limits are hardly noticeable. All too often one associates voluntary help in welfare services with housewives, and there is no doubt that the majority of helpers do come from this group. There is however a rapidly growing interest being displayed by young people of both sexes and in Oxford with its high proportion of students the ranks of young voluntary helpers have been considerably increased.

The general picture of welfare services in Oxford appears to be quite bright and reading so far could lead one to ask if change is really necessary. But there is much still to be done especially in the field of domiciliary welfare. The case loads of the welfare officers are too large, and there is a shortage of skilled social workers. It is the aim to recruit suitable staff and give them the best possible training leading to a full professional qualification. Two more members of the field staff went on the two-year professional training course this year and it is anticipated further nominations for training will be made next year.

2. Residential Accommodation

Each of the eight Old People's Homes has firmly established itself as a part of the neghbourhood in which it is situated and the majority of residents have been able to enter the Home of their choice. Until there are sufficient places to meet the continuing need, however, this is not possible for everyone.

Concentrated efforts have been made to stimulate the interests of the old people living in the Homes and facilities are readily available for anyone who wishes to pursue a hobby either inside or outside the building. At the same time care is taken to ensure that persuasion does not become compulsion and it is quite apparent that quite a high proportion of the very old, and there are many in our Homes, have no desire except to indulge in their family activities, or the many group entertainments which take place in the Home. On the other hand, those who are hobby minded make certain parts of the Home a veritable hive of industry and many of the residents produce articles of a very high standard of which they are justifiably proud. Others assist considerably in the maintenance and decoration of the Home by repair work and small items of furnishing.

In each Home there is a regular entertainment programme of radio, television, cinema, and social gatherings of various types; together with church services of all denominations according to need. In addition there is the added facility of a quiet room, where a resident need not be disturbed with any activity other than that which is desired.

Admission Table

	New permanent admissions	*Holiday admissions*	*Temporary admissions*	*Discharged to hospital*	*Died in hospital*	*Died in the home*
Barton End ..	7	3	—	13	—	4
Cutteslowe Court	10	22	2	14	2	9
Frilford House	3	—	1	4	1	—
Iffley House ..	12	1	2	23	9	2
Marston Court	20	10	—	26	6	6
Oseney Court ..	13	3	2	18	3	7
Shotover View	25	28	6	21	5	13
Townsend House	10	18	—	19	10	2
	100	85	13	138	36	43

Statistical Summary

Registers as at 31.12.66

Aged and infirm ..	922
Blind	205
Partially-sighted ..	105
Deaf	227
Hard of hearing ..	409
Handicapped ..	145
	2,013

Number of new cases registered during the year	412
Number of cases receiving domiciliary visits by staff of Welfare Division as at 31.12.66	1,582
Number of visits paid by Welfare Officers during the year ..	11,202
Number of cases on waiting list for the Old People's Homes as at 31.12.66—	
A. In their own homes:	
1. Persons who were urgently in need of admission to Part III accommodation	15
2. Persons who required admission within six months ..	35
3. Persons who desired to enter Part III accommodation but where circumstances were such that there was no real hardship	187
B. In Hospital	12
C. In Hurdis House	5
Total waiting list	254

Voluntary Homes

The following voluntary homes are registered with the local authority for the care of aged and disabled persons:—

Aged and Disabled

Nazareth Home, Cowley Road	35 persons

Aged

Elizabeth Nuffield Home, 165 Banbury Road ..	23 females
Fairfield (Council of Social Service Home), 115 Banbury Road	33 persons
British Red Cross Society Home, 107 Banbury Road	19 females
Mrs. F. E. Best, 31 Stanley Road	7 persons
Woodlands Eventide Home, 111 Woodstock Road	15 persons

The agreement made with the following Home to place accommodation at the disposal of the local authority continues:

Nazareth Home, Cowley Road	4 persons

The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:—

St. Basil's Home (now closed)	4
Nazareth House	5
British Red Cross Society Home	14
St. John's Home	3

In a similar way, by arrangement with other local authorities, the City Council has accepted financial responsibility for two people in Oxfordshire County Council Homes, one person in a Berkshire County Council Home and one person in an Exeter City Home. Berkshire has accepted financial responsibility for four people in Oxford City Homes, Oxfordshire County Council for seven, Manchester City Council for one, and Surrey County Council for one.

Temporary Accommodation

For many years the Oxford City Council have realised that the provision of temporary accommodation for the homeless was insufficient to solve the real problems of homeless families. As mentioned in previous reports long and serious consideration has been given to the problem of finding the best pattern for an adequate service. It was finally agreed that the Children's Department should become responsible for the social problems of the homeless family with children, and that the temporary accommodation available under the National Assistance Act, 1948, should

become part of an overall service of shelter and rehabilitation. This transfer became effective from 1st April, 1966, and to give details of work for one quarter of the year on a service which was known to be changing in policy is not really pertinent. What is important is that a very useful experiment has been embarked upon, which shows a prospect of bringing about a situation where the problems of the homeless are being effectively tackled.

In the light of the Ministry of Health circular 20/66 this again is something Oxford can be proud of, as the majority of the recommendations contained in that circular have been anticipated in the changes already made.

The Welfare Services Sub-Committee retain the responsibility for the provision of emergency accommodation for persons rendered homeless through unforeseen circumstances, for example fire or flood, and for homeless adults without children. Fortunately no crises arose during the year which required the provision of temporary accommodation, but a number of adults without children did seek our help. Despite the continued shortage of housing accommodation in the City it was possible for the majority of these applicants to be helped to solve their problems without the necessity of admission to temporary shelter. During the year a total of twenty-four persons without children applied for assistance and it was necessary to admit seven women to the Homeless Families Unit.

3. Welfare arrangements for Blind and Partially-Sighted Persons

Register. The number of registered blind persons showed a net decrease of four over the previous year whilst the number of partially-sighted persons increased by six. The following table shows the trend of registration during the past seven years.

Number of persons on the registers at the end of the year.

	Blind	*Partially Sighted*
1960	196	74
1961	203	81
1962	199	86
1963	209	88
1964	218	96
1965	209	99
1966	205	105

The tables below show the age distribution of blind and partially-sighted persons registered on 31st December, 1966.

Blind

Aged	*Male*	*Female*	*Total*
0—1	—	—	—
2—4	1	—	1
5—10	1	—	1
11—15	—	1	1
16—20	3	—	3
21—29	1	1	2
30—39	3	2	5
40—49	12	2	14
50—59	8	12	20
60—64	4	5	9
65—69	11	7	18
70 and over	44	87	131
Partially-Sighted			
0—1	—	—	—
2—4	—	—	—
5—15	1	1	2
16—20	2	2	4
21—49	10	5	15
50—64	5	6	11
65 and over	19	54	73

An examination of the statistics above shows that 72.6 per cent of registered blind persons are aged 65 and over and that approximately 64 per cent are aged 70 and over. The corresponding percentages five years ago were 72.61 and 65.9 respectively. Of the 24 newly registered blind persons 70.8 cer cent were aged 70 and over, and of the 26 newly registered partially-sighted, 80.7 per cent were over 70.

The table below shows the age groups of persons newly registered during the year.

	Blind			*Partially-Sighted*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
0—15	1	—	1	—	—	—
16—20	—	—	—	—	1	1
21—29	—	—	—	1	—	1
30—39	—	1	1	—	—	—
40—49	2	—	2	—	1	1
50—59	—	—	—	—	1	1
60—64	—	—	—	—	—	—
65—69	2	1	3	1	—	1
Over 70	8	9	17	8	13	21
			—			—
			24			26
			=			=

The diagnosis of the disability of the 24 new cases of blindness registered during the year, and 26 new cases of partial sight were as follows; there being 1 blind patient and 5 partially-sighted patients with multiple causes.

Diagnosis	*Blind*		*Partially-Sighted*	
	Male	*Female*	*Male*	*Female*
Glaucoma	3	—	1	2
Retinopathy	4	5	5	5
Senile lens sclerosis	—	—	—	1
Myopia	—	1	1	—
Visual pathway union	—	1	—	—
Cataract	1	3	2	4
Thromotic vascular disease of the retina	—	1	—	—
Bilateral senile retinal choroidal degeneration	1	—	—	—
Retino vascular disease	—	—	—	1
Optic atrophy	—	—	1	—
Honeycombs choroiditis	—	—	—	1
Macular degeneration	—	1	—	2
Pigmental degeneration of retina ..	1	—	—	—
Arterial sclerosis degeneration ..	1	—	—	—
Retinoblastoma	1	—	—	—
—	—	—	—	—
12	12	10	16	

General Welfare and Social Activities

Due to the General Election the date of the annual party for the blind had to be changed to the 4th April and just under 200 people attended. Once again in co-operation with the Oxford City and County Society for the Blind it was possible to take 165 blind people and their guides on a week's holiday to Cliftonville. The first party went from 29th April to 6th May and the second from 6th May to 13th May.

There have been fortnightly tape-recording sessions on Tuesday evenings throughout the year and this is still proving to be a very popular activity. It has also been possible to continue the local newstape service to people on the registers who have their own machines. The boys of St. Edward's School have been very helpful in running this service during the term time. The handicraft classes held every Thursday afternoon at the Oxford and District Social Club of the Blind, 24 Walton Well Road, were moved in February to the South Oxford Community Centre, Lake Street and this has been a great improvement. Socials have been held once a month.

In September this year an article appeared in the Medical Press about the provision of Low Visual Acuity Aids to partially-sighted people.

In this article a survey showed that at least 20% of people on the partially-sighted register could receive benefit from these aids if recognised. Such aids are simply magnifiers or miniature telescopes, and can enable partially-sighted people to watch television and read, as well as being able to walk around with less danger to themselves. Following this article our own records were checked to see if any cases on the register had been missed. It was reassuring to find that low visual acuity aids have been in use in Oxford since 1958 and that all additions to the register since then have been tested to see if they could benefit by them. The Home Teacher for the Blind is in process of checking all cases who were on the register before 1958, and who have not been attending the follow-up clinics at the Eye Hospital.

We are indebted to Mr. E. W. Allen, Senior Optician at the Eye Hospital for providing us with the following table concerning the provision of Low Visual Acuity Aids to Oxford residents.

Year	1 Total supplied	2 Number with satisfactory result	3 Number who should have improved but did not return for follow-up	4 Number who returned appliance as unsatisfactory	5 Number of new cases registered as partially-sighted each year
1958	7	2	5	—	2
1959	12	3	5	4	2
1960	12	6	3	3	3
1961	10	4	3	3	6
1962	11	4	6	1	6
1963	9	7	1	1	7
1964	14	4	4	6	14
1965	20	9	9	2	19
1966	17	1	9	7	26
Total	112	40	45	27	85

The numbers in column 1 are generally higher than in column 5, due to the inclusion of patients registered as partially-sighted prior to 1958.

4. Welfare arrangements for other Handicapped Classes

(A) The Deaf

The Council's functions in relation to the deaf have been delegated to the Oxford Diocesan Council for the Deaf, and the Senior Welfare Officer for the Deaf who is seconded to this voluntary body from the staff of the Welfare Division, has kindly supplied the following report.

(i) General Welfare

With the close co-operation between the voluntary society and the local authority, the welfare work for the deaf and hard of hearing continues to grow. The Welfare Officer for the Deaf is in close liaison with otologists, teachers to the deaf, speech therapists and local authority departments. Welfare for the deaf has embraced such routine work as regular visits to the sick, aged and deaf/blind and also to hard of hearing people including those in the Old People's Homes. Assistance has been given in interpreting in the courts, in hospitals and doctors' surgeries, in solicitors' offices and whilst seeking work.

The deaf meet together for three or four evenings a week for social activities. Church services are held regularly with good attendances, especially amongst young people. The staff are available on club nights and after the church services and the deaf know this and often bring their welfare problems to them on these evenings. Some of the deaf took advantage of the special Christmas shopping evening for handicapped people.

(ii) National Deaf Children's Society

Educational evening classes have been maintained despite many difficulties and we would like to express our gratitude to the local authorities who have given us financial support in running them. We arranged with the local education authorities to keep open the units for partially hearing pupils at ordinary schools for an extra two weeks during the long summer holiday.

A successful publicity campaign was run during May to make the public more aware of the needs of deaf children and what they can do to help. The film "Let Them Speak" has been loaned out continuously during the year. Assistance was given to the Rubella Association Conference held in Oxford in January. The Welfare Officer for the Deaf serves on the Committee thus enabling him to establish valuable contacts not only with deaf and partially deaf children, but also with parents.

(B) The Hard of Hearing

The Secretary of the Oxford District Club for the Hard of Hearing has kindly supplied the following report.

During the year the Club has continued with a varied programme of activities each week and members have enjoyed some extremely good entertainments by local groups as well as games evenings, seasonal parties and trips. The monthly services in the chapel recommenced and have been well attended by a small group of Club members.

Lip reading classes have been arranged and annual contests for the Lip Reading and Clear Speech Memorial Trophies were held in the spring, but it was too late this time for the Club to compete in the national contests arranged by the British Association for the Hard of Hearing. In future it is hoped to promote keener competition amongst the members as those interested will have an opportunity of attending classes being arranged in the autumn.

The use of the minibus on loan from the National Deaf Children's Society has been much appreciated by a small group who are physically infirm and who would not be able to enjoy visits to the Club without the facilities of this door-to-door transport.

Statistics

		Number of persons on registers at 31.12.66				*Number of persons whose names were added to the registers during the year*			
Age	*Sex*	*Deaf with speech*	*Deaf without speech*	*Hard of hearing*	*Total*	*Deaf with speech*	*Deaf without speech*	*Hard of hearing*	*Total*
Under 16	M	10	1	2	13	3	—	—	3
	F	3	4	—	7	—	—	—	—
16-29	M	8	7	5	20	—	—	—	—
	F	4	6	2	12	2	—	—	2
30-49	M	2	4	5	11	2	1	—	3
	F	3	4	5	12	—	1	—	1
50-64	M	2	3	8	13	—	—	4	4
	F	—	2	22	24	—	—	—	—
65 or over	M	3	2	88	93	—	—	55	55
	F	2	—	183	185	—	—	83	83
		37	33	320	390	7	2	142	151

(C) Generally Handicapped

Welfare Services to assist the permanently and substantially handicapped have become more generally known and acceptable, and as a result there has been a considerable increase in the work. Adaptations in the home were carried out for 42 applicants as compared with 12 for the previous year.

The following table shows the age groups of those registered.

Years	under 16	16—24	25—34	35—44	45—54	55—64	65 and over	Total
Male	3	6	13	6	20	14	17	79
Female	2	4	8	15	7	15	15	66
	5	10	21	21	27	29	32	145

Spastics

There are 31 spastics known to the department—14 adults (12 male and 2 female) and 17 children. Of the 14 adults, 9 are normally resident in their own homes and 5 are being cared for in special homes and hospitals. Of those residing in their own homes, 5 men are engaged in full-time occupation.

Epileptics

Fifteen adult epileptics of major severity (7 male and 8 female) are known to the department. Nine reside in their own homes, 3 are in colony residence and 3 are in hospital care. The great majority of minor cases are able to continue in normal employment.

5. The Blind and Handicapped Workshop

The total sales increased by 18 per cent to £14,740 as against £12,522 last year. Detail of the origin of the goods sold is as follows:—

	1965	1966
	£	£
Handicapped—City of Oxford	4,099	4,205
Other local authorities ..	6,400	8,122
Occupational therapy—		
City of Oxford	1,306	1,809
Oxfordshire County Council	717	604
	£12,522	£14,740

This is the last year that traditional trades will be practised by all workers, a change to more industrial methods having been agreed. During a preliminary survey for a suitable trade there were three essential requirements, namely, simplicity of operation, rapid expendability of the product and high production level for each worker. The eventual decision was a book finishing service for the printing trade, and this has received approval from both the Ministry of Labour and the Industrial Advisers to the Blind Limited. The new trade will also provide in the future, employment for those who were unable to reach qualifying standards under traditional trades. Machinery for this exciting venture will be installed in April, 1967, and will consist of equipment for folding, stitching and cutting paper.

The main disability of the employees in the Workshop are as follows:

Blind	4
Deaf without speech	1
Poliomyelitis ..	1
Paraplegia	3
Hemiplegia ..	1
Neurosis	1
Epileptic	2
Athetosis	1

6. Miscellaneous Services

A. Meals on Wheels

During the year Marston Court and Cutteslowe Court started to supply meals on wheels to their areas of the City. The total number of meals supplied was 39,674 and the number supplied by the Old People's Homes increased to 20,679 as compared to 19,500 in 1965. The remainder of the total, 18,995, was supplied by York Place Municipal Restaurant. An average of 3,306 meals were supplied each month compared with 3,120 in 1965. The number of persons supplied with meals varied between 180 and 250 per day and meals are available on five days a week.

The cost to the recipient of the subsidised meal has remained at 1/-, and the mileage allowance paid to the very valuable and apparently tireless volunteers from the British Red Cross Society and the Women's Royal Voluntary Service who deliver the meals, has remained at 7*d*.

B. Compulsory removal of persons in need of care and attention

It was not necessary for action to be taken under Section 47 of the National Assistance Act, 1948.

C. Temporary protection of property of persons admitted to hospitals, etc.

This duty under Section 48 of the National Assistance Act, 1948, was effected in 74 cases during the year. There were 112 current inventories of property still in custody at the end of the year.

D. Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948, it was necessary for the Council to arrange eight burials, and in all cases part or full recovery of the cost involved was made.

7. Civil Defence—Welfare Section

Courses

Courses in all aspects of Welfare Training were held during the year, especially at Advanced and Officer training levels. This latter training has been in conjunction with officers from other sections, and has given our welfare officers an opportunity to widen their knowledge of Civil Defence work, and how to deal with the major problems that might arise in war. We have eighteen officers of whom fourteen attended the course.

An unusual success was obtained in the Advanced Training Examination, in that all nine candidates passed this severe test. Two members were successful in the Standard Test.

A course for girls under the Duke of Edinburgh's Award Scheme (2nd level) was held, and nine girls between the ages of fifteen and seventeen years were successful in the examination.

Exercises

Seven exercises were held which involved work on emergency feeding, rest centres, convoy driving and survival techniques for householders. We again helped the Round Table at their firework display in South Parks, in aid of charity. This event is becoming increasingly popular and about 3,000 persons were supplied with tea and soup using outdoor cookers.

Peacetime Disaster Plan

The Welfare Section would help to accommodate and feed persons who might be rendered homeless, and use would be made of Community Centres for this purpose. Additional centres have become available and our lists have been amended.

Personnel

Although our strength is only 105 volunteers we have a fairly good nucleus of highly trained volunteers.

Clinical Medical Work on behalf of the Welfare Services (Dr. Leyshon)

During the year the senior Assistant Medical Officer of Health with medical advisory responsibility for the Welfare Services, moved into an office adjacent to the Welfare Division. This increased personal contact with the staff of the Welfare Services, and this resulted in many more enquiries about health problems encountered by Welfare Officers. There was an increasing appreciation of the importance of a doctor as a member of the welfare team.

The Medical Officer acts when necessary as a contact between the Welfare Division and the medical staff at Cowley Road Hospital. This may be to ensure continuity of medical care for elderly patients after discharge from hospital. Discussions may also be held with the hospital

staff about difficult cases so that health and welfare services know well in advance before such cases are discharged, so that appropriate action can be taken in advance. This may in some cases mean alteration to the patient's house.

A good liaison with the hospital also helps occasionally in transferring a person promptly from an Old Persons Home to hospital when necessary.

Care of the elderly is taking an ever-increasing proportion of the time of the Health and Welfare Services. The aim is to prevent a breakdown in health, and to maintain an old person as active and healthy for as long as possible. The attachment of health visitors to general practitioners has increasingly enabled the department to take early remedial action with elderly patients before there is any suggestion of breakdown.

Such services include provision of meals on wheels to prevent nutritional disease and anaemia; chiropody to maintain mobility, nursing aids and bathing attendants to help a frail person cope with an ailing spouse.

Many old people live in old, inconvenient and often dangerous homes, and where applicable, these can be modified to suit the occupant. If this is impossible, the old person may be re-housed in a modern flat, which requires a minimum of effort to maintain.

It is often these small things which can make the difference between an active healthy retirement and a miserable bed-ridden existence.

Summary of Work Undertaken

1. Assessment for Suitability for Part III accommodation (11 Consultations)

There may be cases where it is difficult for the general practitioner to decide on the appropriate placement of a patient, i.e. Cowley Road Hospital, Littlemore Hospital, or a Part III Home.

These cases usually fall into the categories of elderly confused, or the elderly incontinent. Discussions are held between the hospitals involved, the general practitioner, and the welfare department, and each case can then be appropriately placed with the proviso that a case accepted for Part III accommodation could be transferred to hospital if there is further deterioration, and vice versa, a hospital case can be transferred to a Part III Home if the confusion or incontinence improves.

2. Household Adaptations (26 visits)

The smaller adaptations are carried out by the domiciliary Occupational Therapist, and details of her work are included in the section on Occupational Therapy.

Medical investigation in the home was required when the equipment was large and expensive, such as a hoist, or when the welfare officer found that equipment already supplied, and in use, was ineffective.

Major adaptations to the house, such as widening of doors, construction of ramps, provision of hand rails on the stairs and demolishing walls are best discussed with the Senior Assistant Medical Officer, who attempts to assess whether a patient with a particular handicap would benefit from such a procedure.

3. Miscellaneous (15 visits)

Some of this work included consideration of cases where action under Section 47 of the National Assistance Act was contemplated.

Others were cases recommended by a Welfare Officer needing advice on general welfare and health problems which they felt were outside the province of their regular social work and some were cases where the family doctor or hospital consultant had felt that we could help.

Section 47 of the National Assistance Act

It is satisfying to report that there were no cases of compulsory removal under this Act during the year.

This is a distressing procedure which is only undertaken when all other measures have failed.

Medical Officer to each Old People's Home

A member of the medical staff of the department is appointed to each Home.

Barton End	Dr. Kewish
Marston Court	Dr. Kewish
Iffley House	Dr. Hall
Cutteslowe Court	Dr. Lawrence
Oseney Court	Dr. O'Sullivan
Shotover View	Dr. Leyshon
Townsend House	Dr. Leyshon

Personal medical service is given to each resident by their own general practitioner. The main function of the medical officer is to give advice on general medical problems and the prevention and investigation of outbreaks of infectious disease.

SECTION IX

ENVIRONMENTAL HYGIENE

Report by W. Combey, D.P.A., F.A.P.H.I., F.R.S.H.,
Chief Public Health Inspector

Shortage of staff hampered progress considerably during the year as the Department was short of four Public Health Inspectors throughout the latter half of the period, while also being without a Senior Administrative Assistant for several months. The pest control services were also in difficulties because of staff deficiencies for the first six months. Nevertheless it was gratifying to be able to cope reasonably well with demands, although admittedly not as efficiently as one could have wished.

We were able to press on with the Jericho rehabilitation survey with Mr. Crossley, the Senior Housing Inspector, busily engaged with only little assistance throughout the year. As a result of his inspections a rather greater number of unfit properties were found than had shown up in the preliminary survey and arrangements were in hand at the end of the year for the presentation of some Clearance Areas and one Compulsory Purchase Order. The conception of the area as one for rehabilitation with periodic assessment of the treatment pattern as inspection proceeds may be frustrated by lack of interest in improvement and repair of property by a number of owners and occupiers. The problem of expense seems the main obstacle and unless this can be solved, early progress may well be prevented. Every effort is being made to avoid haphazard attention to the area and, while first efforts to deal with the property block by block seem to indicate a likelihood of larger Clearance Areas than at first thought, a tight rein must be kept on random requests for individual attention which are arising all over the area and outside our immediate spheres of operation. Property of this kind presents difficulties in clear assessment of unfitness which must be dealt with by experienced staff. Nevertheless, with close collaboration among all officers of the Corporation interested in the project, I feel sure that the outcome could be generally satisfactory, always provided that sufficient money is forthcoming to ensure proper improvement and orderly development with satisfactory rehousing for residents, preferably in the area and within a reasonable time.

There is general disappointment felt at the lack of progress in Improvement Grant work for, despite the appointment of special staff in the City Engineer's Department, the amount of work involved seems far below what might have been expected, but, as mentioned above, the bogey of expense haunts the whole matter of Improvement work. Despite surveys of many houses, as reported last year, no progress has been made in so far as Compulsory Improvement Schemes are concerned under the Housing Act, 1964. It is now admitted by many interested Authorities that Compulsory Improvement is a most complicated and difficult matter (as

though much of our other work is not also complicated and difficult) while the amount of improvement secured by Authorities using the compulsory powers has been disappointingly small. Re-examination of the powers is apparently now interesting the Government. There are undoubtedly a number of areas within the City which could be dealt with under compulsory measures of this kind but whether they would be very successful in view of the difficulties experienced elsewhere is a matter for much doubt. There is general disinclination to seek improved amenities, even by tenants, in view of the inevitability of increased rentals, disturbance of the premises through alterations and the general lack of capital which seems evident among many owners.

Multiple occupation of dwellings is, of course, very common in this University City and there is much to be done in this field if improvements are to be secured under the powers now available. Already there are several hundreds in our files but, unless staff are available, it again seems likely that little will be achieved in this field of housing. Nevertheless, attempts are being made with practical implementation of the standards accepted by the Housing Committee which are based on those suggested by the Association of Public Health Inspectors.

Despite the "Freeze" it was possible to proceed with further Smoke Control measures and, although No. 6 Area is only a part of our original proposal, it continues our progress around the City centre and lays the foundation for still further addition to the south if the financial situation permits in 1968. There is general acceptance of Smoke Control as a necessary part of environmental improvement and it is hoped that our general programme for a smokeless City will receive impetus in due course with a hope that the City may be a smokeless City within the next ten years.

Considerable collaboration has developed with the Department of the City Architect and Planning Officer, as well as with the Building Inspectors of the City Engineer's Department, in the matter of chimney height assessment. This is particularly relevant in a town of this character as the Oxford skyline is a very important factor in the Development Plan. This, of course, brings difficulties in connection with the fuel to be used in any particular plant and, in order to ensure continuation of low level sulphur concentration, every effort is made to ensure the burning only of low sulphur content fuels. Of course, such action is not popular with developers who realise that extra expense is involved, particularly in the use of oil fuel, but if low chimneys are the rule, it is obvious that low sulphur content oils must be likewise considered. Of course, the recent North Sea gas finds provide an interesting prospect in so far as Clean Air measures are concerned and one wonders whether there will be the early wholesale coverage anticipated in some quarters. Only if costs are realistic will developers react to the availability of this clean and admirable fuel for general heating purposes, but there is perhaps a need for caution for other fuel interests are not likely to relinquish their marketing activities in the

light of the new developments but rather stimulate their interest in Clean Air measures during the next few years while arrangements proceed for implementation of the Gas Authority's policy for a nation-wide gas grid. Whatever the national activities, however, there is no doubt that our policy in Oxford must continue to be one involving the aim of a clean, pollution-free atmosphere over the whole City.

It is also pleasing to underline the greater interest taken in the installation and operation of dry cleaning plant in the City since our special report on experiences in the past. There seems no excuse for unsatisfactory conditions associated with plant of this kind which, while potentially a health risk should, with reasonable care in installation and operation, be perfectly satisfactory. It is nevertheless advisable to supervise all arrangements for the use of the fluids used in such plant so that the Health Inspectorate may be satisfied as to the ventilation of the appliances to a satisfactory outlet and proper sequence of operations within the premises to ensure thorough clearance of the vapour from treated clothing before removal.

Noise nuisances were not so pressing as during the previous year, although we have not yet succeeded in the satisfactory reduction of noise levels from the B.M.C. Paint Shops at Cowley. With the assistance of the Department of Acoustics of Southampton University, careful assessment has been made of the problem and prototypes of silencing equipment have been fitted and tried out. It is hoped that a successful outcome may result in 1968 with the treatment of a number of duct outlets, the noise from which tends to obtrude above the general factory background noise to the distress of inhabitants of the nearby residential area. Apart from one interesting case of noise from the keeping of dogs which resulted in private action before the local Magistrates, there was little of major concern in this field.

We have nearly completed the primary inspections of premises registered under the Offices, Shops and Railway Premises Act and no doubt this would have been successfully accomplished had there been staff available. There have been surprisingly few major problems found throughout the inspections and, while a fair number of minor faults have been noted, little in the way of insanitary conditions, overcrowding or lack of facilities has been found. Accidents have continued to be of a minor nature and, while artificial lighting proved not altogether satisfactory in a number of cases, it is not considered likely that there will be major resistance to any requests for improvement where felt desirable.

In the realm of water supply it is noted with satisfaction that the new Farmoor Reservoir built on behalf of the new Oxfordshire and District Water Board has been completed and provides an important safeguard to the water supply for the City and the areas beyond the City boundary. Close collaboration is evident also in this field of interest to the Department and Mr. Fuller, the newly appointed Engineer to the Board, is already well-known to us as the former Deputy City Water Engineer.

Appreciation should be expressed of the work of Mr. Harold Crawley, who has now retired from the post of City Water Engineer, for his ready assistance and advise on water supply problems in the past. Continued attention will be given to water sampling by the staff of the new Board in collaboration with Health Department staffs throughout the area and co-ordination is being organised during the coming year.

Pest control received a long overdue "new look" with the appointment during the year of a Pest Officer (Mr. G. A. Williamson from the Ipswich area) and we were lucky to be able to appoint two useful younger men as operators having officer status. They proved to be efficient and interested workers and injected energy and keenness into work which can be so trying and pressing at certain times of the year.

It will probably be noted that the City Engineer is proceeding with further development and enlargement of the City Sewage Works, which, although modern, are running close to capacity and feeling the effect of modern demands for water associated with the need to achieve a high standard of effluent for discharge into the River Thames.

In so far as the supervision of milk, meat and other food supplies is concerned, there was continued attention to food hygiene education and publicity with an unusually high number of prosecutions for foreign matter in food and unhygienic practices. No less than £628 were paid in fines—over twice the amount reached during the previous year—an all-time record in this particular part of our work. There is no doubt that the public are stimulated to complain (*a*) by publicity of unsatisfactory cases, (*b*) by the efforts of the Consumer's Association, and (*c*) by a greater awareness of the need for hygienic standards which is undoubtedly the result of constant efforts over the last few years by Health Inspectorate. Such interest, of course, adds to the work of the Department, although it always proves time-consuming to both technical and administrative staff. While successful prosecutions may add to the satisfaction of action in some quarters, it can often be classed as failure in public relations in that many workers in the food industry have still not accepted the need for constant care and attention to hygienic practices and details of personal habits which are most important in the field of food handling and service. Conditions in cafes and food preparation premises sometimes give rise to disappointment following our considerable efforts to secure good standards by informal approach and guidance, but in general I think we can feel reasonably satisfied with response. However, there will always be the odd case which needs a prod, and indeed, sometimes a hard knock, to achieve compliance with legal standards.

Meat inspection continued to take up considerable time and, through staff shortages, Inspectors were compelled to increase their involvement to one week in three instead of five and this not unnaturally affected the general picture of their efforts in other fields. Accordingly, consideration was being given at the end of the year to the appointment of two full-time Authorised Meat Inspectors because of the failure to interest fully qualified

Public Health Inspectors in the four vacancies still existing. At the time of writing two Authorised Meat Inspectors have been appointed and are about to take up duty at each of the two slaughterhouses in the City. This should ensure more satisfactory coverage of the general work of the Department by Inspectors who were otherwise pinned down by the important duty of meat inspection.

Mr. Garrod, my Deputy, continued to interest himself in food and drugs sampling and we are taking part in a general investigation of pesticide effects on food, while also extending our activity into the realm of special drugs sampling which has been somewhat neglected generally but might very well prove worthwhile.

Although Laboratory examinations were reduced by reason of the less number of samples from catering establishments, there was still considerable attention to bacteriological examinations and the Public Health Laboratory Service continued to be of enormous help in much of the activity in the control of satisfactory food conditions.

In concluding, I would refer once more to staff and express appreciation of the loyal efforts of those members who bore the brunt of the effects of shortages throughout the year. We regret the transfer of Mr. Woodwards, our efficient Senior Administrative Assistant, to the City Treasury for a higher paid post and the loss of Inspectors Newton and Davis, the former to service with the Abingdon Rural District Council, and the latter to a Training College. The transfer of Mr. Boswell, the Senior Pest Control Assistant, to a less onerous job was not unexpected for he carried a heavy burden for some time, despite physical disability. It is gratifying to record the success of our students in their College examinations with Mr. Coldham reaching his final Diploma examination in 1967, while Mr. Brogden has been accepted in the B.Sc. (Environmental Health) Course at the University of Aston in Birmingham. My Deputy, Mr. Garrod, has been kept fully occupied and has responded nobly to all calls on his services and I am grateful for his constant keenness and stimulation of staff generally. Although complete satisfaction cannot always be expressed, one can say without doubt that we are a happy Department and always willing to help each other throughout the year in the work of controlling and improving the environmental conditions of this important City.

The three sections set out achievements in (A) General Sanitary Circumstances, (B) Housing Conditions, and (C) Supervision of Milk, Meat and Other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

The usual table showing complaints received during the year is set out below and a slight increase on the previous year's figures is evident. This was in great part due to an increase in complaints regarding rats, mice and insect infestations. An increase was also noted in smoke

nuisances, but it was gratifying to note a decrease in the complaints involving dirty and verminous premises and fewer in regard to the keeping of animals. Otherwise figures generally are on much the same pattern as usual.

Complaints	*No.*
Accumulations of Refuse	9
Choked and Defective Drains	19
Defective Water Closets	9
Defective Water Supply	4
Dirty or Verminous Premises	14
Fumigation and Disinfection	3
General Housing Defects (including dampness)	139
Infestation by Insects and Pests	182
Infestation by Rodents	925
Infestation by Wasps	323
Keeping of Animals	8
Noise Nuisance	16
Offensive Odours	68
Overcrowding	7
Refuse Accommodation	12
Smoke Nuisances	45
Unwholesome Food, Containers and False Descriptions	145
Miscellaneous	31
	1,959

Number and Nature of Inspections	
Animal Nuisances	39
Drainage	461
Housing	2,028
Interviews	1,451
Licensed Premises	210
Lodging Houses	32
Miscellaneous	1,314
Multi-Occupation	345
Overcrowding	20
Pet Animals	35
Pharmacy and Poison Sellers	31
Piggeries and Stables	58
Rats and Mice	13,146
Refuse Storage and Accumulations	257
School Premises	42
Moveable Dwellings	92
Verminous Conditions	42

Water Sampling	59
Insect Pests	505
Noise Nuisances	232
Health Education	54
Inspection of plans	1,224
Offices, Shops and Railway Premises Act Inspections	1,273

Atmospheric Pollution

Smoke Control Area	2,020
Smoke Observations ($\frac{1}{2}$ hour)	—
Smoke Observations (Casual)	9
S.O.^{2} Recording Stations	1,076
Boiler Plants	74
Grit and Odour	305
Clean Air Interviews	217

(ii) Sanitary Circumstances of Aged Persons

It is pleasing to report that little action by Inspectors was needed in connection with the circumstances of aged persons, although close collaboration continues with the Welfare Officers of the Department. The Oxford Branch of the Undergraduate International Voluntary Service carry out commendable voluntary work in helping elderly people whenever possible and their services are available on request. It is comforting to know that young people are available (if and when circumstances demand) to help their elders in distress and their willing assistance is very much appreciated.

(iii) Lodging Houses

The Church Army Hostel premises are getting older and obviously in need of complete rebuilding. The Charles Street annexe continues in use, mainly for accommodating staff to look after the lodgers in the main Hostel. It seems evident that redevelopment of St. Ebbe's is not likely to affect the Hostel in the near future, but whether we can hope for a modern Hostel to replace the existing one is a matter of some conjecture. Verminous conditions among the men using this Hostel are usually few and only two cases were found during the year. Sterilisation of bedding and underclothing was, as usual, carried out at the Slade Hospital while bathing treatment and the use of D.D.T. was possible in the Hostel itself. Little in the way of verminous conditions have been found in connection with multiple occupations in the City and it seems apparent that there is a decrease in personal infestations nowadays. The use of modern insecticides has resulted in a spectacular decrease in bed bug, flea and louse infestations.

(iv) Moveable Dwellings

There are now only 10 caravans within the City accommodating 18 occupants on four sites and they were, of course, subject to inspections from time to time. A considerable number of caravans were occupied during various development projects, however, mainly for housing workers on the sites. There was an almost complete clearance towards the end of the year and only the small number mentioned now remain. There are a large number of caravans occupying sites in the Rural fringe of the City, some of which are excellent examples of orderly arrangement and good management.

(v) Offensive Trades

There are no registered offensive trades to report upon and the Marine Store Dealer operating in St. Ebbe's has not yet moved his site, although there are at last signs of imminent development in the St. Ebbe's area.

(vi) Drainage

Only 19 complaints were received of drainage troubles which required the intervention of this Department, considerably less than the number received during 1965. No undue difficulty arose and the usual collaboration with the Drainage Section of the City Engineer's Department was maintained. The Section are most helpful in times of emergency and, having regard to the considerable age of the drainage and sewerage system in some parts of the City, there is remarkably little trouble experienced.

(vii) Riding Establishments, Stables and Piggeries

Again little activity was noted in connection with Riding Establishments, there being only one small licensed school at Godstow. One other at Headington, although reported towards the end of the year as active again, was found to be closed for business and only in use for family purposes. There are 12 piggeries remaining within the City of which 7 are registered under the Diseases of Animals (Waste Food) Order, 1957. 58 inspections were carried out during the year.

(viii) Pet Animals

The number of pet animal premises licensed under the provisions of the Act was 10 and 35 visits were made to the premises. They are generally well run with little in the way of problems arising.

There is only one Animal Boarding Establishment, that at the Slade, and this set of premises has been considerably improved, now providing accommodation of good standard for some 36 dogs and 20 cats. There is always heavy demand for accommodation during the summer holiday period, particularly when the Factory holidays commence. The Proprietor

of the Establishment has some difficulty in meeting that demand, although no serious problems have arisen. There is, of course, the Greyhound Establishment at Cowley with several sets of kennels operating under separate trainers and which come under the supervision of the Stadium Company. Apart from odd complaints regarding the disposal of kennel refuse, there has been no serious concern expressed by the public in the vicinity.

(ix) Factories and Workplaces

The Outworkers' Register showed 47 persons registered as outworkers and these are mainly concerned with toy making, dress making, a little tailoring and similar activities. Premises are usually visited following receipt of notifications in February and August each year and in only one case during the year was there special need for concern. Excessive noise from one outworker was the subject of complaint by a neighbour. The outworker was busily engaged in making cushions, etc., and a large amount of material was stored in the premises. A treadle sewing machine, used on an uncovered boarded floor, proved somewhat noisy and disturbing to the complainant. Informal action to secure adequate insulation succeeded in abating the nuisance and no further cause for complaint was received.

Inspections of factory premises were once more somewhat curtailed, by reason of shortage of staff and pressure of other work, including activity in relation to the Offices, Shops and Railway Premises Act responsibilities. Activity in respect of mechanical factories is to ensure that sanitary conveniences are adequate in number and satisfactory in general condition. Under Section 8 of the Factories Act, 1961, the duties of the Local Authority in respect of factories not having mechanical power are those in relation to cleanliness, overcrowding, temperature, ventilation and drainage of floors, but it should be noted that there is a continually increasing use of power in many small factories, so removing them from the general ambit of District Council inspections. There are now 383 factories on the register and 81 inspections were carried out. Tables herewith.

Outworkers (Sections 133/134)

Nature of Work	Section 133	Section 134
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	44	Nil
Stuffed Toys	3	Nil
Textile Weaving ..	—	Nil
Jewellery	—	Nil

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	13	6	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	362	67	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	8	—	—
Total	383	81	3	—

Defects found in Factories

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1.)	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(*a*) Insufficient ..	—	—	—	—	—
(*b*) Unsuitable or defective	4	3	—	2	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Homework)	—	—	—	—	—
Total	4	3	—	2	—

(x) Offices, Shops and Railway Premises Act, 1963

Attempt was made during the year to complete inspections of all the premises registered under the Act, but at the end of the year there were still approximately 200 outstanding. There was a general shortage of staff which persisted throughout the year, there being no less than four short at the end of 1966. The Technical Assistant who was giving full-time assistance was not able to continue because of pressure of other work, and therefore Inspectors were subject to rather more calls than usual for

inspection purposes and notwithstanding that meat inspection required their time to a greater extent than formerly.

The total number of registered premises at the end of the year amounted to 1,655 and the number of general inspections possible during the period was 603. There were 61 deletions from the register during the year and 88 new registrations.

There were 37 accidents reported, none serious, most of them from shop premises, and in only one case was formal warning deemed necessary, that in relation to a catering establishment (a defective coffee machine).

No exemptions were necessary during the year and the number of persons employed in the premises registered in the City showed an increase, being 17,807.

The principal defects were in relation to lack of thermometers and First Aid Kits, with a rather high figure of unsatisfactory floors and floor covers. There are still a number of premises with inadequate washing facilities and unsatisfactory ventilation, while redecoration and cleaning of premises was found to be necessary in a fair number of cases. Conditions in the main are satisfactory and no major causes for concern were found during the year.

A series of light readings were taken during November on similar lines to those last year. 139 rooms in all were visited, the premises involved being 16 offices, (including 4 Banks), and 18 shop premises. Standards were compared with the I.E.S. recommendations and there were 66 below standard, details being as follows:—

Unsatisfactory Readings *Type of Premises*	*No.*	*Average Readings (Lumens/sq. ft.)*	*I.E.S. Recommendations (Lumens/sq. ft.)*	*Total No. of Readings*
Shops—Staircases ...	4	3—5	7—10	11
Shops—Stock Rooms ...	5	5	15—20	13
Wash-up Room	1	10		
Stores	1	5		
Shops—Basement Sales	1	5—10	20—30	23
Restaurant Counter	1	5—10		
Enquiries ...	1	13		
Sales Area ...	2	10		
Offices—General Clerical Office	28	15—20	30—45	76
Typists' Office ...	5	25		
Enquiry Offices	6	20		
Secretary's Office	2	15		
Chief Administrator's Office...	1	15		
Manager's Office	8	10		
Fine Tailoring	2	42	45—70	2

(A) REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	49	624	323
Retail Shops	34	848	252
Wholesale Shops, Warehouses	2	46	9
Catering establishments open to the public, canteens	3	132	18
Fuel storage depots	—	5	1
Totals	88	1,655	603

Total Number of Visits of all kinds by Inspectors to Registered Premises under the Act—1,273.

(B) ANALYSIS OF CONTRAVENTIONS

Contraventions in respect of	Found
Sec. 4 Cleanliness	61
Sec. 5 Overcrowding	12
Sec. 6 Temperature	105
Sec. 7 Ventilation	31
Sec. 8 Lighting	26
Sec. 9 Sanitary Conveniences	49
Sec. 10 Washing facilities	60
Sec. 11 Supply of drinking water	Nil
Sec. 12 Accommodation for clothing	3

Contraventions in respect of	Found
Sec. 13 Sitting Facilities	Nil
Sec. 14 Seats for sedentary workers	Nil
Sec. 15 Eating facilities	1
Sec. 16 Floors, passages, stairs	92
Sec. 17 Fencing of exposed parts of machinery	10
Sec. 18 Protection of young persons from dangerous machinery	Nil
Sec. 19 Training of persons working at dangerous machinery	Nil
Sec. 23 Prohibition of heavy work	Nil
Sec. 24 First Aid—general provisions	102
Total	552

(C) Exemptions—Nil.

(D) Prosecutions—Nil.

Number of complaints (or summary applications) made under section 22—Nil.

Number of interim orders granted—Nil.

(E) Inspectors

1. Number of inspectors appointed under Section 52 (1) of the Act—12.
2. Number of other staff employed for most of their time on work in connection with the Act—1.

(F) Reported Accidents

Workplace	Number reported		Total Number Investigated	Action recommended			
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Advice	No Action
Offices	—	8	8	—	—	1	7
Retail Shops	—	20	20	—	—	5	15
Wholesale Shops, Warehouses	—	3	3	—	—	—	3
Catering establishments open to public, canteens	—	6	6	—	1	—	5
Fuel storage depots	—	—	—	—	—	—	—
TOTALS	—	37	37	—	1	6	30

(xi) Pest Extermination

There was considerable trouble experienced in maintaining staff in the rodent operation field and special consideration had to be given to the circumstances in order to try and secure staff who would remain and give particular attention to this important part of environmental protection. As usual, some 50% of our general complaints continue to be in respect of infestations by rats, mice, beetles and various insects. Agreement was eventually secured for the appointment of three officers of technical grading, one to be a Pest Control Officer and two to be Operators. It was felt that this move would ensure a somewhat higher standard of operation by men capable of absorbing technical information and practice and enable them to cope with much of the work on infestations without constant supervision by the public health inspectorate. An experienced Pest Control Officer serving a Rural District Council was appointed and eventually two young men of appropriate calibre were secured and by the end of the year the system was in operation and coping very well with demand. The special agreement scheme was given particular attention so that regular visits could be kept up to the various premises involving hospitals, colleges and commercial premises throughout the City. The system continues to be popular and the staff are in constant demand.

Once again it is pertinent to remark that cockroach infestations, once established, are not easy to eradicate without a thorough overhaul of the structure concerned and comprehensive treatment of the places found to be infested. Mere dusting and spraying is not in itself sufficient to ensure a satisfactory result. Power sprayers and powder blowers are an essential part of the equipment nowadays for reaching the rather more inaccessible areas under floors and behind panelling, while for the treatment of ducting systems they are invaluable. There was somewhat less infestation by wasps during the year and this was welcome as treatment can be a time-consuming operation and the public are particularly anxious to receive prompt treatment whenever the pests are discovered anywhere near domestic premises.

Prevention of Damage by Pests Act, 1949

Report for Year ended 31st December, 1966

	Type of property	
Properties other than Sewers	*Non-Agricultural*	*Agricultural*
1. Number of properties in district ..	37,943	17
2. (*a*) Total number of properties (including nearby premises) inspected following notification	1,009	—
(*b*) Number infested by (i) Rats ..	684	—
(ii) Mice ..	291	—

3. (*a*) Total number of properties inspected for rats and/or mice for reasons other than notification	13,146	—
(*b*) Number infested by (i) Rats ..	7	—
(ii) Mice ..	18	—

Sewers

4. Were any sewers infested by rats during the year ? Yes

5. Any other points of interest ?

20 lbs. of ready mix Alphakil bait has been tried against mice with good effect generally. Not so effective in mild weather or warm conditions.

Fluorakil has been successfully used in sewer treatment, using paper sweet bags for holding bait.

Burying of Warfarin baits by nesting doe rats has been noted in a number of cases, which suggests suspicion of such baits.

Visits by Operative in connection with Rodent Extermination

		Totals
Local Government Premises		
1st Visits	51	
Re-visits	114	165
Dwellinghouses		
1st Visits	553	
Re-visits	1,625	2,178
Business Premises		
1st Visits	149	
Re-visits	524	673
University Premises		
1st Visits	44	
Re-visits	131	175
		3,191
Poison		
Baits laid	6,209	

Rat baiting of the sewerage system was possible during the year, following the appointment of the new staff and it was not surprising that a fairly high number of positive results was achieved during the first treatments. 389 manholes were baited throughout the City system, being approximately 10% of the number of manholes available. The treatment was carried out in six sections and two showed up as rather worse than the others—the central area of the City and part of East Oxford. There were 122 manholes showing positive evidence and some 54 rat bodies were noted at the Sewerage Works—more than on previous

occasions for some years. In the central area out of 74 baited, 42 were positive and at East Oxford out of 74 baited, 45 proved positive. On the other hand only 16 out of 67 showed any result in North Oxford, and for the Headington area, 14 out of 63 manholes showed evidence of activity. Two or three months afterwards, towards the end of the year, the East Oxford area was treated once again and 190 manholes were baited. 30 positive takes of the Fluorokil bait were achieved and this was a distinct improvement on the picture resulting from the original baiting earlier in the year. This poison is obviously very positive in its effect. Treatment was in hand at the end of the year for the central area, which is the one remaining most active.

Following suggestions from the Audit Section of the City Treasury an amendment of our record system was carried out, so that we have a more satisfactory method of dealing with accounts covering work done for which charges are made, involving both the agreement scheme and *ad hoc* treatments in business and commercial premises. Domestic premises are treated free, although a stamped agreement form is insisted upon wherever poison bait is used, in order to safeguard the City Council's position in case of accident. This precaution was highlighted during the year by an unfortunate incident involving a pet dog, which despite precautions by the Inspector who laid bait under covering, failed to prevent the dog from burrowing towards heaps of Warfarin oatmeal bait and consuming considerable quantities over a period of days. This inevitably led to illness and eventual death of the animal. A claim for damages was received from the dog owner. This was subsequently met by the City Council's Assurers, but not without considerable investigation. The incident was most regrettable, and happily the only one experienced over a number of years, but it does underline the need for every possible precaution both by agreements and careful placing of bait and the use, where appropriate, of P3 traps, field pipes or other suitable harbourages for bait. It was interesting to hear also from the Veterinary Surgeon who examined the dog that there seems to be considerable history of anti-coagulant poisoning in pet animals with the apparent under-lying cause the Warfarin poison commonly used by many concerns and even members of the public for poisoning rats. It induces intestinal haemorrhages because of its anti-clotting properties and such a condition is apparently all too common in animals taken to Veterinary Surgeons for examination.

It is a pleasure once again to express the ready co-operation of the Drainage Section of the City Engineer's Department and Miss Neve, the technical field officer of the Ministry of Agriculture, Fisheries and Food from Reading headquarters, who has always been most helpful in our work. Professor Varley and his staff at the Hope Department of Entomology of the University have also been helpful during the year in the identification of various insect specimens and we are most grateful to them.

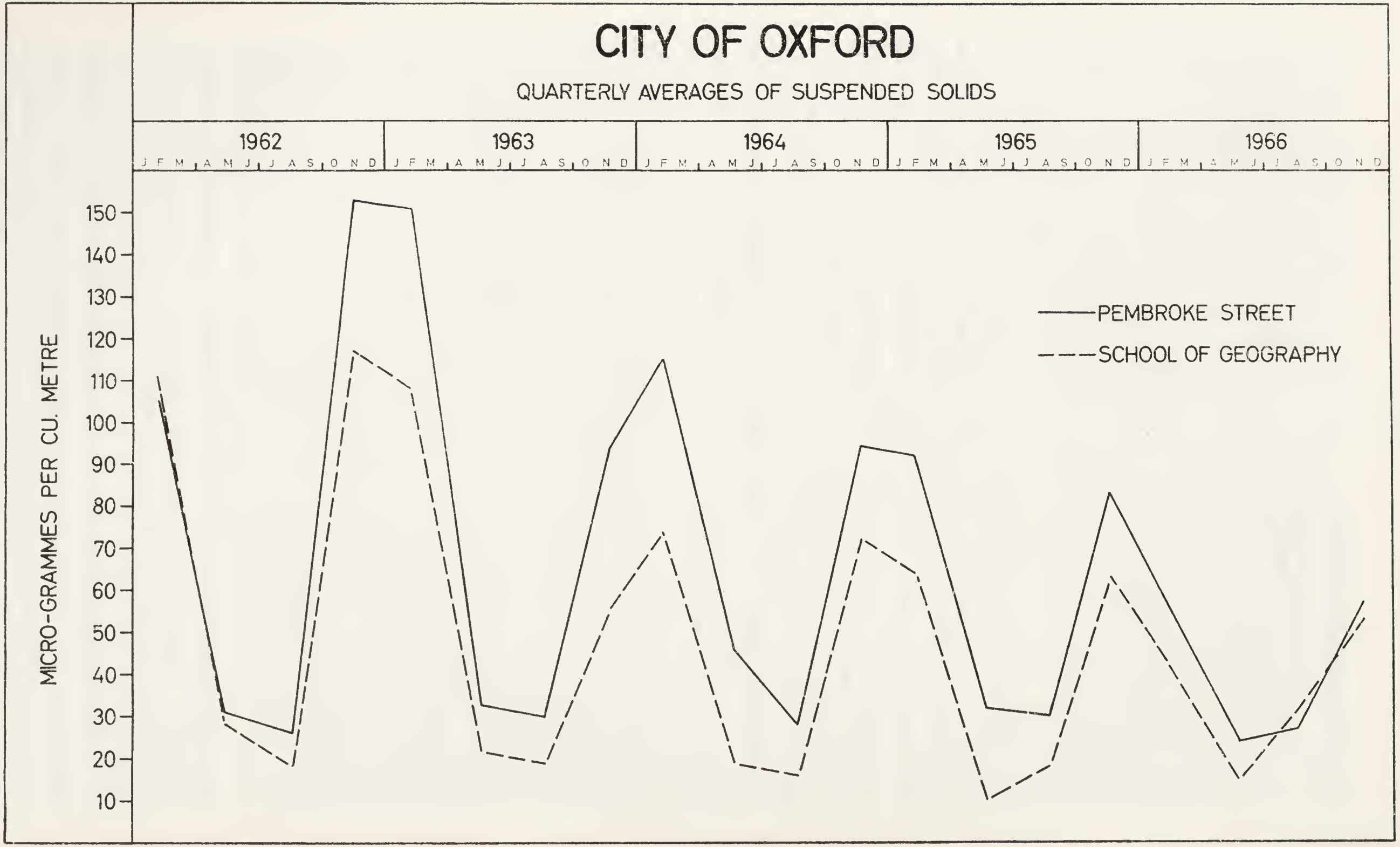
(xii) Atmospheric Pollution

Smoke Control Area No. 5, was, as expected, confirmed during the year and became operative on 1st October, 1966. The number of dwellings involved was 1,018 and the acreage 345. The average cost of conversions amount to approximately £17 per appliance, an increase on last year's No. 4 Area figure, but likely to be less than the average cost for No. 6 Area, which is hoped may come into force by December, 1967. The average cost in this Area may be nearer £23 per appliance. The effect of a special exhibition with door to door canvassing, carried out by the Solid Smokeless Fuels Federation in the No. 5 Area, was significant in that an increasing number of consumers showed interest in the installation of solid fuel appliances, the figure almost equalling that attained by the Southern Gas Board, which had been confidently expected to make the greatest contribution to the smokeless appliance installations in the Area. Their very active sales project produced considerable public interest in gas heating appliances generally. While publicity in the electricity field seemed not so apparent, interest in off-peak heating is still maintained. It was again noted that domestic oil heaters continue to be used for background heating, although more concern about dampness is now becoming apparent among the many users. There is growing general concern about this form of dampness which, while variable with weather conditions, seems to have been particularly bad this year.

The proposed No. 6 Area was in readiness for presentation at the end of the year, although it was anticipated that economic stringency involved in the national "Freeze" would "cast a spell" over Smoke Control extension proposals. Happily the Health Committee agreed to support continued attention to Smoke Control and supported an approach to Finance Committee for a somewhat lesser amount than that originally suggested. Nevertheless the proposed Smoke Control Area, although considerably curtailed, tied in well with our original concept of a Smoke Control Area $\frac{3}{4}$ mile radius from the City centre. This, if confirmed, will complete the central, west and southern sections of our original intention, except for the St. Ebbe's redevelopment area which will, of course, be covered immediately the clearance of remaining properties has been completed. The national crisis may slow down progress in the field of Smoke Control but the success of the North Sea gas projects are full of promise for the earlier attainment of domestic Smoke Control, by means of piped natural gas supplies throughout the country, than had previously been thought possible. Furthermore considerable problems in respect of solid fule interests may develop and indeed some effect may be caused to the Electricity Board's programme for new power stations. General concern has been expressed about the persistent rise in the costs of appliances generally and it seems likely that the tendency will continue. Many Local Authorities are beginning to wonder whether the whole concept of Grants in Aid needs overhauling in view of recent developments and the

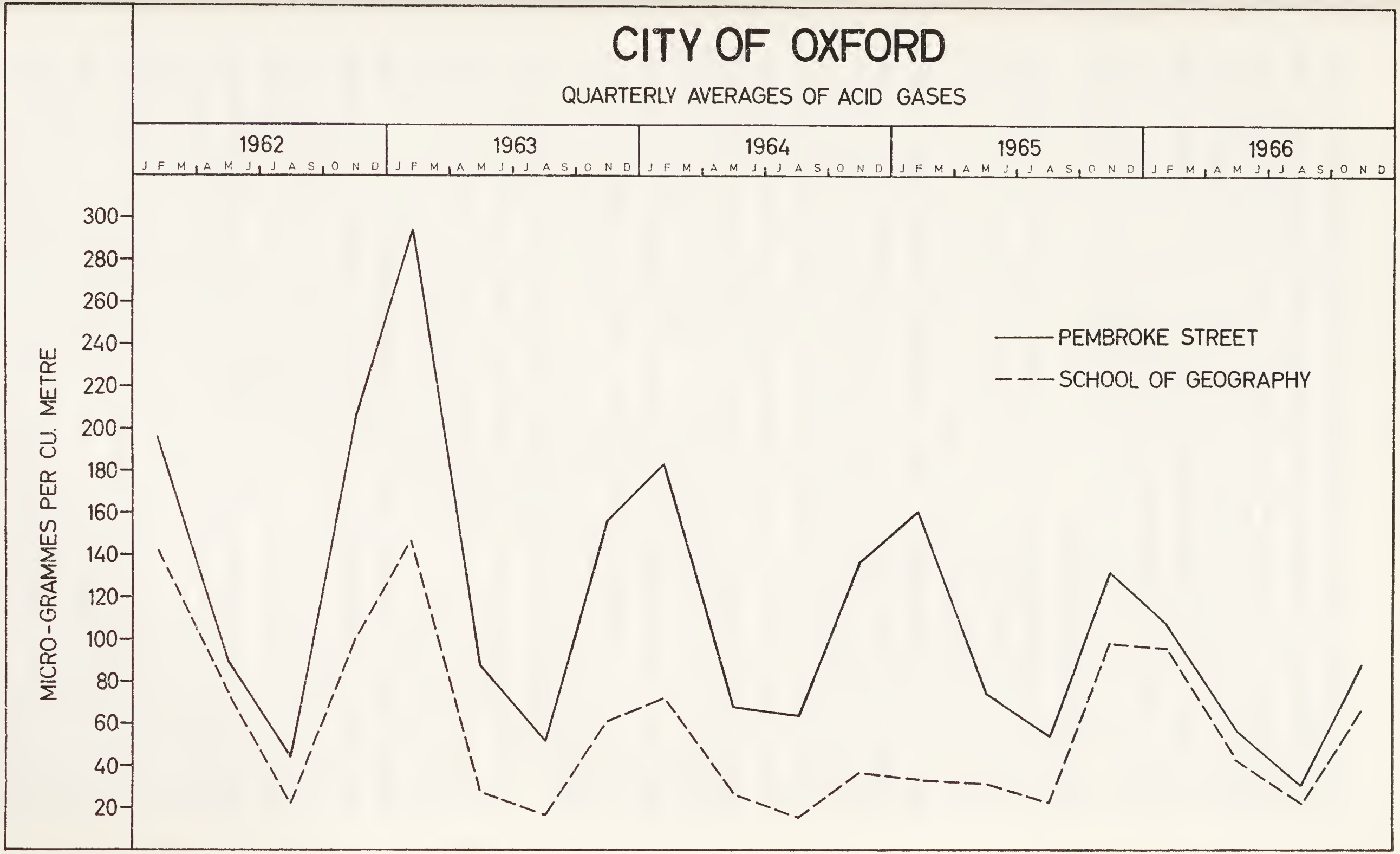
CITY OF OXFORD

QUARTERLY AVERAGES OF SUSPENDED SOLIDS



CITY OF OXFORD

QUARTERLY AVERAGES OF ACID GASES



problem of costs, both to Local Authorities and to general rate payers. The whole future of Clean Air policy seems to be reaching a peak with acceleration of smokeless fuel usage and a more forward look seems essential by all concerned in Clean Air measures. There is growing opinion that every Local Authority throughout the land has some unsatisfactory area where low-level effluent from domestic or other sources may give cause for concern. Consequently the present concept of black areas is receiving attention at high level. No doubt the outcome will be interesting and Clean Air, it is hoped, will become a national target involving all responsible Local Authorities.

A close collaboration between this Department and that of the City Architect and Planning Officer has developed with particular reference to fuel installations generally and the assessment of chimney heights. We are being consulted now more frequently by many concerned in new projects involving heating plant, so that satisfactory chimney heights may be agreed with systems likely to produce the best possible conditions at chimney tops and satisfactory ground level conditions. This City particularly needs to preserve for posterity the whole of its central University and City built-up area, containing as it does many buildings of international interest and premises of all kinds, constantly in use for domestic, business and commercial purposes, as well as many for educational purposes and scientific research. Some representatives of commercial interests feel that Oxford demands are somewhat excessive, but it seems appropriate that those who wish to develop within an area of this kind should be prepared to pay for the privilege by installing and using the best possible plant, utilising the most appropriate pollution free fuel and fulfilling the needs of the planner for minimum chimney heights.

In so far as local industrial pollution conditions were concerned, there was welcome improvement. The Eagle Iron Foundry of Messrs. Lucy & Co., have done much to meet requirements to ensure minimum noise and effluent, although there was an outstanding complaint at the end of the year regarding night noise, probably from the heating plant. This is thermostatically controlled and cuts in during the night at various times according to weather conditions. Work is still in hand at the Foundry for the installation of electrical heating, which may improve still further the conditions under which the cupolas are operating. The B.M.C. factory at Cowley is still involved in noise and paint odour problems. Additional noise suppressors have been fitted to stacks on the lines suggested by the Southampton University Department of Acoustics which is advising the Council on the situation. The reduction in car output resulting from the Government economic stringencies caused closure of the outer night shift line operating near the dwellinghouses most affected by noise. This action will undoubtedly tend to lull the occupiers into a sense of permanent improvement. It is hoped that sufficient work on permanent abatement measures can be carried out before the coming into operation once again of the outer paint line.

It is understood that improved methods of paint application at the primer stage are proving successful with reduction in air required for operation and less noise and effluent as a consequence. If the new method could be extended throughout the paint lines it would undoubtedly reduce considerably what is becoming considered as a permanent source of nuisance and irritation. The reduction of effluent may, it is hoped, reduce the odour problem and if the particular paints causing the noxious effluent can be isolated and dealt with effectively, a much more appreciable reduction in odour will be attained.

Dry cleaning appliances still continue to be installed throughout the City but it is reassuring to realise the care which is now being applied to all installations so as to ensure adequacy of ventilation and elimination of odour.

Proposals of British Rail and the National Coal Board to install, on the old locomotive shed site north of the present Oxford Station, a modern solid fuel distribution depot were received with considerable concern. The Health Committee decided to raise the question of nuisance hazard and the effect of dust over the Jericho housing area, which is envisaged as an area of housing improvement and rehabilitation. Enquiries of colleagues in other areas having coal depots showed that nuisance was present in some and likely in others if precautions were not taken. Eventually, after a number of visits to various plants and a special visit by Planning Committee representatives, including the Chief Public Health Inspector, to a modern fuel depot at Crawley New Town, a number of conditions suggested by the Chief Public Health Inspector were written into the planning consent. It is as well to remark that while planning consent was technically not required, the national concerns were prepared to be guided by the City Council in order to avoid creating nuisance.

The depot is intended to deal with the solid fuel requirements of the City and its surrounding area over some 15 to 20 miles radius from the City centre. It will handle about 120,000 tons a year, compared with 65/75,000 tons dealt with at the existing coal yard at the Rewley Abbey site. Train loads of fuel will discharge directly from a rail head to a conveyor belt at the depot and coal will be fed directly to the stocking area or to bagging bunkers. Fuel will then be bagged by merchants utilising mechanical plant and conveyed by lorry to customers. As the Rewley Abbey site was in any case urgently needed for central redevelopment purposes involving a new central fire station, and the proposed site for the depot seemed to be the only satisfactory one in the Oxford vicinity, approval was given subject to the carrying out of the following conditions:—

1. General arrangement of the site to be such as to minimise the effect of wind on stock piles and other sources of dust.
2. Roads and yard surfaces to be satisfactorily constructed of impervious materials and constantly supervised and cleaned as necessary to prevent accumulations of dust.

3. Water and chemical spraying of road surfaces and stock piles and at all handling points to be carried out, using fine sprays.
4. Hoppers and containers for fuel to be covered as far as possible and, where appropriate, hoppers to be lined with anti-noise material.
5. Conveyor belts to be deep troughed with such covering as can be devised.
6. All transfer points to be covered.
7. Belt scrapers to be provided as necessary and so sited as to minimise nuisance from recovered material.
8. Engines used in operating the plant to be silenced efficiently.
9. No Sunday work except in emergency.
10. The provision of retaining walls to stock piles and of a screen or screens to the south-west of the site the height and location of such screen or screens to be assessed so as to minimise the effect of wind on the stock.

Close watch will be kept on the new depot proposals so that every possible care is taken from the outset to prevent nuisance. Appreciation must be expressed for the close collaboration in this matter between the staffs of the City Architect/Planning Officer and our own and this demonstrates the value of continuous team work between various Departments interested in similar projects.

Three deposit gauges have been secured on loan from Wellingborough U.D.C. through the courtesy of the Chief Public Health Inspector, Mr. A. J. Stroud, and these will be used for checking deposit in the Jericho area over the next few months, It is also hoped that the Oxford Station may soon be rebuilt and so improve the western approaches to the City. Even with a modern coal plant to the north having the appearance of a football stadium and a new station block building in the centre, the western approach to the City may have a reasonably balanced look when the new College of Further Education becomes a feature of the Oxpens Road to the south.

(xiii) Noise Nuisances

There were 21 noise nuisance complaints during the year and it was not necessary to institute formal proceedings in any case, although one episode involving the barking of dogs kept privately in a house at Summertown became subject to proceedings under a bye-law, through the Police Department. This gave rise to much interest and, after a lengthy hearing, a fixed penalty fine of £5 was imposed with £50 costs, but the dog owner appealed to Quarter Sessions. After a lengthy Hearing with representation of the owner by Counsel, the Appeal was dismissed, but the considerable costs imposed were reduced by the Recorder to £15. Nevertheless total costs to the unfortunate dog owner amounted to a large sum.

PART OF THE OLD FUEL DEPOT (REWLEY ABBEY)

PART OF "COWLEY FOREST"

8 complaints arose from industrial processes involving the University Press, the Eagle Iron Foundry of Messrs. Lucy and Company, Morris Radiators, the Coal Yard at Rewley Road, a garage in Iffley Road and the French Laundry in North Oxford. Noise and fumes from diesel locomotives on the British Railways were also the subject of complaint. Gas pipe laying was another source of nuisance, but happily of short duration.

The noise from the B.M.C. Motor Factory at Cowley continued to be the subject of special investigation and the modified version of a silencer recommended by the Southampton University consultants was tried with only a slight improvement. By the end of the year another model was almost ready for assembly on one of the outside stacks and it was hoped that this might give somewhat better results. The alteration in the system of paint application being tried by the firm seems to show some useful reduction in noise. A photograph of part of the "Factory Forest" at Cowley illustrates the type of development close by residential property in the area.

Noise from the University Press was associated with the opening of windows in warm weather, the clatter of the printing presses not being popular with residents in Great Clarendon Street. An increase in the height of the duct from the inking process seems to have eliminated blowdown of fumes, which had been a source of nuisance to residents in Walton Crescent.

There were several complaints involving domestic noises created by persons having little thought for their neighbours but these were of temporary duration. Noise from the old Rewley Abbey coal yard was a source of irritation to the occupiers of Upper Fisher Row houses but now that a modern coal depot is to be erected north of the Oxford station, this depot will be closed down early in 1967 and become involved in City redevelopment.

Our sound level meter proved most useful during the year and the City Architect and City Engineer continue to borrow it on occasions for use in connection with redevelopment projects.

(xiv) Radiation Hazards

33 premises are on the Register in connection with Section I of the Radioactive Substances Act, 1960, which relates to the keeping and use of radioactive material, and 27 registrations have been made under Section 26 relating to the disposal of radioactive material. Once again it can be reported that in no case did disposal achieve anything like the maxima authorised in the Certificates. The Chief Constable has brought up to date the system of emergency arrangements for dealing with incidents involving radioactive substances and there is close collaboration between all interested officers including the Radiation Protection Officer for the City, Mr. R. Oliver, M.A., M.Sc., who operates from the Churchill

Hospital. Constant vigilance must be maintained, although it is hoped that there will never be any occasion to put the emergency arrangements into operation.

(xv) Swimming Baths and Bathing Facilities

Instructional pools provided at the schools continue to be most useful and popular, there being 16 available in the City and, as reported last year, swimming is possible throughout the year wherever enclosed pools are provided. There was a step-up in the sampling procedure, 59 samples being taken from the school pools and from the two treatment baths at the Nuffield Orthopaedic Hospital. Extra samples were taken from the Temple Cowley pool and from those at Hinksey by the staff of the City Water Engineer. As suggested last year, a conference of Education staff was organised and held early in 1966, when sampling procedure was demonstrated and instructions given to all involved in responsibilities for school pools. The results seem to have proved the wisdom of this step for there was no outstanding incident involving the question of swimming pool water, which continued to prove satisfactory with no excessive bacterial contamination demonstrated. The open river bathing places on both Thames and Cherwell continue to be used throughout the finer weather. A list of pools and bathing places is given below.

School Pools

Wood Farm
New Marston
Headington Girls'
Milham Ford
Cutteslowe
Summerfield
Oxford High School for Girls
Rose Hill
St. James' C. of E., Beauchamp Lane
Blackbird Leys Road
Bartholomew Road, Church Cowley
Bishop Kirk C. of E.
St. Mary and St. John, Hertford Street
St. Edward's (2)
Wolvercote

River Bathing Places

St. Clement's
Long Bridges
Tumbling Bay
Wolvercote
Dames Delight
Parsons Pleasure

(The Dragon School and others use the River Cherwell for school bathing).

Public Bathing Places

Temple Cowley covered swimming bath
Hinksey Pools (open air).

(xvi) Water Supply

The report of the City Water Engineer, Mr. H. H. Crawley, M.I.C.E., P.Pres.I.W.E., is given herewith.

Throughout the year the supply to consumers was adequate and no restrictions had to be imposed.

The total quantity of water treated at Swinford Works and pumped to supply during 1966 was 3,567,766,000 gallons, an increase of 57,800,000 gallons over the quantity treated in 1965.

After deducting metered supplies the average consumption per head per day was 28.1 gallons.

The quality of the water supplied was satisfactory.

Bacteriological Examinations

Samples of water from the River Thames were taken each month together with samples after settlement, after filtration and of the final water leaving the Works. Examination of these samples by the Public Health Laboratory gave the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 ml.

River Water Samples	.. ..	50 to 9000
Settled Water Samples	.. ..	0 to 0
Filtered Water Samples	.. ..	0 to 1
Final Water Samples	.. ..	0 to 0

Bacteriological samples were taken at least weekly from each of the various service reservoirs and from consumers' taps throughout the area of supply with the following results.

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number of samples taken
		Satisfactory	Unsatisfactory	
Beacon Hill Reservoir	53	53	—	100.0
Headington ,,	54	52	2	96.3
Shotover ,,	54	46	8	85.2
Boars Hill ,,	54	48	6	88.8
Brasenose ,,	52	52	—	100.0
Wootton ,,	52	51	1	98.1
Noke ,,	53	50	3	94.3
Consumers' Taps	273	266	7	96.0
Totals ..	645	618	27	95.9

Except for one of the unsatisfactory samples the organisms causing them were of non-faecal type.

Chemical Analyses

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
Physical Characters—				
Turbidity: units	21	4	.60	.03
Colour (Burgess Scale) ..	Opaque	30	12	3
pH	8.0	7.3	7.6	7.2
Electrical conductivity at 20°C ..	701	508	698	515
Chemical Characters—				
Total Solids dried at 180°C ..	539	370	488	340
Chlorides as Cl	38	25	43	25
Nitrite Nitrogen	Trace	0	0	0
Nitrate Nitrogen	7.7	5.6	7.8	4.6
Ammoniacal Nitrogen	.24	.07	.12	.03
Albuminoid Nitrogen	.38	.18	.24	.10
Oxygen absorbed: 4 hours at 27°C	4.7	1.1	2.0	.33
Alkalinity as $CaCO_3$	242	197	240	163
Hardness as $CaCO_3$—				
Carbonate	242	197	240	163
Non-carbonate	134	49	152	72
Total	366	270	356	270
Free Carbon dioxide as CO_2 ..	6.0	0	29	3
Residual chlorine	—	—	.13	0
Metals	Nil	Nil	Nil	Nil
Phosphate as PO_4	5.5	1.5	.50	0
Silica as SiO_2	43.2	6.0	10.2	1.8
Detergent as Manoxol O.T. ..	—	—	.10	.10

The number of dwelling houses in the City is 30,431 all of which are directly supplied.

In addition there are 10 caravans supplied by standpipes.

The total population of the City is 109,510 of which it is estimated there are 18 persons living in caravans.

As from the 1st April, 1967, the responsibility for the supply of water to Oxford will be transferred to the Oxfordshire and District Water Board.

(xvii) Sewerage and Sewage Disposal

The Littlemore Sewage Works continues to deal with the effluent from the City sewers and remains under the general control of the City Engineer, Mr. A. T. Morris, and the Sewage Works Manager, Mr. Lewin. Considerable effort is being made to attain satisfactory effluent quality in order to meet the demands of the Thames Conservancy Authority. It is understood that average throughput is running at approximately $7\frac{1}{2}$ million gallons per day but by the end of the year a contract had been placed for the carrying out of extension works which will practically double the capacity of the present Works at an approximate cost of £800,000. A diffusion system will be incorporated in the new extension in addition to the present mechanical aeration system and sand filters will be used so that the standard of effluent will be of a very high order. The sludge disposal system will continue for the next few years as at

present and there are now 600 acres of land under control for this purpose but it will be necessary within the next ten years to give further consideration to the ultimate disposal of sludge from the Works.

The City Engineer advises me that there are still about 100 Cesspools serving premises in or near the City which are emptied at regular intervals by either the City Engineer's Cleansing Department vehicle or by a private firm operating a gulley emptying machine. Charges are made for the service and no complaints were received during the year in connection with it.

(B) HOUSING CONDITIONS

The principal feature of our housing activity during the year was attention to the problem of gradual re-habilitation in the Jericho Area north-west of the City centre. As explained last year, 7 blocks of property, involving over 250 dwellings, were concerned with our preliminary survey, which was meant to cover general structural conditions and social information. On the basis of this information, reports were considered by the Housing Committee and on the 26th April, 1966, it was decided that a gradual process of re-habilitation should form the basis of action in the area. Officers concerned were asked to report further on the various aspects of the process and the outcome was a Working Party of officers with a representative of the Town Clerk's Legal Department as convenor. This gave the officers an opportunity of sharing information, discussing together the implications of such information and presenting to the Housing Committee reports for action. Block 5 was the first block to be completely inspected, involving 42 dwelling houses of which no less than 27 were in owner/occupation. 9 of these 27 were considered unfit enough for representation, while out of 14 tenanted properties no less than 11 were considered so unfit. One other property being void at the time might also find itself included in the category of unfitness, so bringing the total number of unfit properties in the block to 21 out of 42. While there is a picture of some attempt to repair and improve some of the houses, there seems little fundamental repair being done. Damp proof courses are needed, attention to re-roofing in a number of cases and also the eradication of dry rot and unsatisfactory woodwork. The greatest difficulty in dealing with the block of property is in connection with owner/occupiers. The results found after detailed survey were a little disturbing as they showed a much greater degree of unfitness than had been reported in the original preliminary survey. Nevertheless progress was commenced by presenting two Clearance Areas coupled with a Compulsory Purchase Order on most of the houses on one side of Block 5 with the idea of infilling the cleared area with property of modern type to harmonise with the general layout of the block. Further inspections in two adjoining blocks proceeded during the year and it seemed evident as inspections proceeded

that there would be from 30 to 40% of the houses to be placed in the unfitness category and Clearance Area proposals will be formulated and presented as each section is completed. A number of houses in a block of property adjoining Block 5 has been found unfit and in one ownership and the owners are showing interest in private redevelopment assuming that arrangements can be made for rehousing of the present occupants. Any scheme will, of course, need to secure approval from the Planning Committee and be on the lines already agreed by the Housing Committee for the whole area. It is hoped to secure the general re-habilitation of the area by a process of clearance, repair and improvement, but in the light of the low standard of incomes of many owners and occupiers there are considerable difficulties ahead in securing the major repair and renovation of many of the properties. There will be need for slight alteration of street lines, creation of culs-de-sac and other amendments of the area. Perhaps the most important aspect of the exercise is the availability for decanting purposes of the Cranham Street cleared area, on which a considerable number of flats and garages will be built. It is confidently expected that this new property will be available in advance of the clearance of the houses included in the Clearance Area proposals. An additional Clearance Area was in formation at the end of the year involving property in Block 3, which adjoins Block 5, the first to be surveyed. So far little progress has been made in convincing the owners of the other unfit property outside the Clearance Area that improvement and repair is worthwhile. Whether compulsory improvement measures would be worthy of consideration is doubtful because of the number of owner/occupiers in the area, so it seems likely that cajolery and informal pressure will be needed, but whether threat of compulsory acquisition will need to be used is open to question. The scheme has exercised, not unnaturally, considerable interest throughout the whole Jericho area of which only about 50% has been included so far in the re-habilitation proposals. An attempt to confine practical measures to single blocks at a time is not proving altogether successful because of the sporadic enquiries for assessment of property throughout the remainder of the area, this being a measure of the apprehension felt by some in connection with the future of their property. It is difficult to keep the straight and narrow course in this exercise under the circumstances, particularly with limitations in staff as the Department remained short of four Inspectors, despite frequent and repeated advertisements in the national press.

Towards the end of the year the Department were asked by the Ministry of Housing and Local Government to permit an officer to take part in a national housing sample survey, which it was expected would take place in the early weeks of 1967. The survey would involve 6,000 houses throughout the country and 24 Public Health Inspectors having some experience in housing assessment were needed to complete the survey in reasonable time—approximately six weeks. Despite our pressing shortages and the need for continued attention to the housing situation

"JERICHO AREA" FOR REHABILITATION

in the City, it was agreed to support the Minister's request by releasing the Senior Housing Inspector, Mr. Crossley, for the period of six weeks. It was felt that the benefit to be obtained by Mr. Crossley's survey experience might outweigh the loss of his services for the period concerned.

In the realm of routine housing work there were 33 unfit dwellings reported to the Housing Committee, 2 being parts of buildings; 19 Closing Orders were made and 3 Demolition Orders confirmed. 21 houses were demolished and 11 Certificates of Unfitness, relating to property owned by the City Council, were submitted to the Committee and accepted. 7 houses were made fit after completion of works satisfactory to the Department resulting in the revocation of 2 Undertakings, 3 Closing Orders and 3 Demolition Orders. Only 1 statutory notice under Section 9 of the Housing Act was served during the year. Seven cases of overcrowding were dealt with during the year. 37 families were rehoused by the Housing Section of the City Estates Surveyor's Department as a sequel to our housing action. Only 1 application for a Certificate of Disrepair under the provisions of the Rent Act was received. A Certificate was granted.

It seems a pity to have to report that after inspection of no less than 814 houses in 1964/65 for purposes of consideration of improvement grant work, little in the way of major progress has been made. The special section of the City Engineer's Department set up to deal with the work has kindly provided the following information in connection with Improvement Grants, but it is clear that the number of houses dealt with falls far short of anything like a reasonable proportion of those suitable for action under the Improvement Grants provisions of housing legislation. Of course, the long-awaited solution to the road problem still hampers major attention in parts of the areas surveyed, but there would seem no other real obstacle, other than the bogey of expense, in the way of securing improvements. Owners and occupiers alike are in many cases prepared to accept out of date equipment, lack of proper facilities for cleanliness, comfort and even gross dampness, dereliction and dry rot, rather than face extra expense whether by way of additional mortgage commitments, other loans or increases in rent. It is also clearly apparent that the continuing rise in costs of repairs associated with shortages in building labour contribute in many respects to the difficulty of securing even reasonable maintenance repairs. So long as building labour continues in short supply so will the problem of house repairs and improvements remain with us. Some builders will not consider small jobbing contracts and the type of labour available is often anything but satisfactory in the standards of workmanship achieved. Considerable responsibility is therefore placed on the Inspector in supervising works of repair by such workmen.

Standard Grants (figures in brackets relate to the previous year).

No. of applications received—tenanted houses 23 (75), owner/occupied houses 52 (23). Total 75 (98).

No. of applications approved—71 (107).

No. of applications refused—1 (1).

No. of dwellings actually improved during the year—70 (106).

Amenities provided included 50 (82) baths, not a single shower bath, 53 (93) hand wash basins, 59 (95) hot water supplies, 55 (91) internal w.c. and 25 (45) ventilated food stores.

Total costs for Standard Grants—£7,912 (£11,433).

Discretionary Grants

No. of applications received—tenanted houses 18 (32), owner/occupied houses 49 (50). Total 67 (82).

No. of applications approved—58 (79).

No. of applications refused—4 (nil).

No. of dwellings actually improved during the year—60 (69).

Total costs for Discretionary Grants—£17,524 (£19,199).

Partial approval of the St. Ebbe's redevelopment plans was received during the year and therefore some progress can be expected in the near future with this improvement project. Many houses have now been demolished in the area and while car parking on the sites is fulfilling a great need, there is greater urgency for the redevelopment works to proceed, so that this valuable land may be put to its best use in the interests of the City.

Multi-occupied houses continue to give concern to the Department and some 350 houses have so far been noted as occupied in this way, quite a number providing accommodation for immigrant population. Report was made in June to the Housing Committee on standards for use in dealing with multi-occupied houses under the provisions of the 1961 Housing Act. Suggestions based on standards drawn up by the Association of Public Health Inspectors were accepted incorporating fire prevention recommendations by the City's Chief Fire Officer. It is apparent that securing reductions in the numbers of persons occupying premises will be one of the major problems while attainment of the standards set out will present considerable difficulty as expense will be unavoidable coupled in some cases to amendment in the numbers of persons occupying the houses concerned. The standards are in two sections. The first is applicable to parts of houses occupied as separate lettings by family units and the second to houses occupied in communal fashion on what might be termed a "Hostel" basis, with shared sleeping rooms and communal dining arrangements. In such cases one room is always set aside as a communal room and is not assessed for the overcrowding standard.

CITY OF OXFORD

HOUSING ACT, 1961

Sections 15 *and* 16

Houses in Multiple Occupation

I. Standards applicable to all houses divided into separate lettings

1. Natural Lighting

Every living room, bedroom or combined use room shall be adequately lighted to the satisfaction of the Chief Public Health Inspector.

2. Artificial Lighting

Every living room, bedroom, combined use room, staircase, kitchen, bathroom, water closet or any other part of the house to which the occupants have access shall be provided with artificial lighting to the satisfaction of the Chief Public Health Inspector and it shall be properly maintained.

3. Ventilation

Every living room, bedroom, combined use room, kitchen, staircase, hall, passage, bathroom or water closet shall be provided with adequate means of ventilation.

4. Personal washing facilities

In every separate letting there shall be provided a sink or wash hand basin with a hot and cold running water supply over and a waste outlet properly connected to the drainage system.

There shall be provided at the rate of one for every eight persons or up to eight persons a bath or shower, suitably situated so as to secure privacy, with a supply of hot and cold running water over and with a waste outlet connected to the drainage system.

5. Sanitary Accommodation

There shall be provided, at the rate of one for every eight persons or up to eight persons, a water closet suitably situated so as to secure privacy, properly connected to the main water and drainage systems.

6. Facilities for the storage, preparation and cooking of food and for the disposal of waste

In every separate letting there shall be provided a food store properly ventilated to the external air or an efficiently operating refrigerator, a sink with hot and cold running water supply over and waste outlet properly connected to the drainage system, a draining board to the sink and an efficient cooking point. Where the accommodation is let furnished there

shall also be provided an adequate working surface for the preparation of food. No cooker shall be situate on any staircase or landing.

7. Space heating

There shall be provided in every separate letting an adequate and efficient means of space heating. Where heating is by solid fuel, a suitable and adequate fuel store shall be provided to the satisfaction of the Chief Public Health Inspector. Oil heaters shall not be used without consultation with the Chief Fire Officer.

8. Means of Escape in Case of Fire

The Chief Fire Officer may require the provision of means of escape in case of fire from any letting and such means of escape shall be to the satisfaction of the Chief Fire Officer.

9. Overcrowding

Each letting shall be separately assessed and given a permitted number of occupants. Every person, irrespective of age, shall be counted. The following standards of accommodation shall apply:—

Single room used for living/sleeping/cooking

1 person—120 square feet floor area.

2 persons—150 square feet floor area.

Two room letting with living/sleeping room and separate kitchen

1 person—90 square feet floor area living/sleeping room.

2 persons—120 square feet floor area living/sleeping room.

Two room letting with kitchen/living room and separate bedroom

1 person— 70 square feet floor area bedroom.
90 square feet floor area kitchen/living room.

2 persons—90 square feet floor area bedroom.
120 square feet floor area kitchen/living room.

The Council may, at their discretion, vary the above permitted numbers in certain circumstances. Any other case not covered by the above standards will be specially assessed.

II. Standards applicable to all houses of the new "hostel" type

1. Natural Lighting

Every living room and bedroom shall be adequately lighted to the satisfaction of the Chief Public Health Inspector.

2. Artificial Lighting

Every bedroom, living room, staircase, kitchen, bathroom, water closet and any other part of the house to which the occupants have access shall be provided with artificial lighting to the satisfaction of the Chief Public Health Inspector and it shall be properly maintained.

3. Ventilation

Every living room, bedroom, kitchen, staircase, hall, passage, bathroom and water closet shall be provided with adequate means of ventilation to the satisfaction of the Chief Public Health Inspector.

4. Personal washing facilities

There shall be provided at the rate of one for every eight persons or up to eight persons a bath or shower and wash hand basin, suitably situated so as to secure privacy, with a supply of hot and cold running water over each and with waste outlets connected to the drainage system.

5. Sanitary Accommodation

There shall be provided at the rate of one for every eight persons or up to eight persons and properly situated so as to secure privacy, a water closet properly connected to the mains water and drainage systems.

6. Facilities for the storage, preparation and cooking of food and for the disposal of waste water

There shall be provided in any house at least one communal kitchen. which shall contain:—

(*a*) A foodstore properly ventilated to the external air or a refrigerator of a sufficient capacity for the occupants using the kitchen.

(*b*) A sink and drainer with a supply of hot and cold running water over and waste outlet properly connected to the drainage system at the rate of one for every eight persons, or up to eight persons using the kitchen.

(*c*) A cooker in proper working order at the rate of one for every eight persons, or up to eight persons using the kitchen.

(*d*) A working surface for the preparation of food of sufficient size for the occupants using the kitchen.

7. Space Heating

There shall be provided in every habitable room adequate and sufficient means of space heating to the satisfaction of the Chief Public Health Inspector. Oil heaters shall not be used without consultation with the Chief Fire Officer.

8. Means of escape in case of Fire

The Chief Fire Officer may require the provision of means of escape in case of fire from any part of the house and such means of escape should be to the satisfaction of the Chief Fire Officer.

9. Overcrowding

Each room used for sleeping purposes shall be separately assessed and given a permitted number. Every person, irrespective of age, shall be counted. The minimum floor spaces in any sleeping room shall be:—

1 person — 60 square feet
2 persons—120 square feet
3 persons—150 square feet
4 persons—180 square feet

No hall, landing, kitchen, bathroom, water closet or communal room shall be used for sleeping purposes. There shall be provided in every house at least one communal room to be used as a dining and/or sitting room, but it may also be a communal kitchen if of sufficient size.

The Council may, at their discretion, vary the above permitted numbers in certain circumstances. Any other case not covered by the above standards shall be specially assessed.

345 visits were made to multi-occupied houses in order to investigate conditions and many more visits are needed to survey houses which are suspected of being multi-occupied.

In connection with Land Charge enquiries 1,540 (1,699) were received and dealt with during the year, it being necessary to indicate particulars of any action taken or contemplated in respect of the property. There were also 171 surveys made of houses subject to mortgage applications to the City Council. This new approach to housing inspection has been commenced in order to assist the Finance Committee in their assessment of applications made for mortgage loans. Where considerable repairs involving high costs are apparent, it is only reasonable that both applicant and City Council are made aware of the circumstances and in appropriate cases part of a loan may be withheld pending completion of adequate works of repair. These surveys are in addition to survey and valuation carried out by outside surveyors employed by the City Council on a fee paying basis.

Repairs and Improvements carried out, 1966

Items	Dwelling Houses	Food Premises	O.S.R.P. Act. 1963	Other Premises	Total
Accumulations Removed ...	2	7	—	—	9
Animal Nuisances Abated ...	—	—	—	—	—
Cooking accommodation ...	—	2	—	—	2
Dampness Remedied ...	13	3	—	—	16
Dustbins	1	1	—	—	2
Drains tested	—	—	—	—	—
Drains/Waste Pipes Cleared	5	—	—	—	5
Drains/Waste pipes, etc., repaired	8	1	—	—	9
Doors/Windows Repaired ...	18	5	—	—	23
Ditches/Streams Cleansed ...	—	—	—	—	—
Floors Repaired/Renewed	11	13	8	3	35
Food Cupboards	—	8	—	—	8
Gutters, Spouting	9	1	—	—	10
Hot Water Supply	—	3	33	—	36
Lighting improved	1	6	10	4	21
Manure Pits Emptied/Rep./Improved	—	—	—	—	—
Piggeries Cleansed/Repaired	—	—	—	—	—
Roofs Repaired/Renewed ...	7	—	—	—	7
Rooms Cleansed/Redecorated	2	53	22	1	78
San. Accom. Prov./Rep. ...	2	7	32	5	46
San. Accom. Cleansed and Redecorated	4	4	—	2	10
Sinks/Wash Basins Rep./Prov.	2	8	—	4	14
Sites Cleared	—	—	—	—	—
Smoke Nuisances (Industrial)	—	—	—	—	—
Smoke Nuisances (Clean Air zone)	—	—	—	—	—
Stables Cleansed	—	—	—	—	—
Ventilation Improved ...	—	1	28	4	33
Walls and Chimneys (External)	4	—	—	1	5
Walls and Ceilings (Internal)	—	—	—	—	—
Water Supply Prov./Reinstated	1	2	—	—	3
Water Heaters Provided ...	—	4	—	—	4
Water Supply Installed ...	—	1	2	1	4
Yards Repaired, etc. ...	—	—	—	—	—
Other Nuisances	3	23	50	1	77
Totals	93	152	185	26	456

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

174 (141) distributors are noted on the register showing an increase of 33 (12) over the figure for the previous year. There are 41 self service machines providing milk in cartons on sites authorised throughout the City and it is surprising that more have not been set up, since this form of service is becoming popular. Once more it is pertinent to remark that care in rotation of stock is imperative if milk available from these machines at weekends and holiday periods is to be kept in a satisfactory condition.

It is pleasing, however, to report better results in keeping quality this year with only 13 (35) methylene blue test failures. Of these 6 were from retail shops, one from a school, 5 from vending machines and one from a roundsman's vehicle. 35 samples of milk were submitted for anti-biotic examination and it is a relief to report that only one was unsatisfactory. The producer concerned was warned and re-sampling proved negative. 145 samples of milk were gerber tested by staff and all proved satisfactory. 90 were ordinary pasteurised milk and 55 of Channel Island quality. The 55 (74) samples of Channel Island milk gave averages of 4.54% (4.51%) butter fat with non-fatty solids at 8.94% (8.9%). The 90 samples of ordinary pasteurised milk gave averages of 3.65% (3.62%) fat content with non-fatty solids at 8.6% (8.5%). These results compare satisfactorily with the official standards which for Channel Island Milk are 4% fat and 8.5% non-fatty solids with 3% butter fat for ordinary pasteurised milk and 8.5% non-fatty solids. The number of general stores selling pre-packed milk continues to increase, being 140 (114) and there is still a certain amount of sterilised milk available within the City. School milk supplies were sampled and of the 36 (22) taken during the year only one was unsatisfactory in keeping quality while all 373 (365) samples of ordinary pasteurised milk submitted for phosphatase test and 19 (16) samples of sterilised milk submitted for turbidity test proved satisfactory. Again it must be reported that no biological testing of milk was undertaken during the year.

Milk Sampling Results

	Samples tested	Satisfactory	Failed
Raw Milk (*Methylene Blue Test*) ..	—	—	—
Heat Treated Milk (*Methylene Blue Test*) Pasteurised	373	360	13
Heat Treated Milk (*Phosphatase Test*) Pasteurised	373	373	—
Heat Treated Milk (*Turbidity Test*) Sterilised	19	19	—
Total	765	752	13

Ice Cream

88 (72) samples of ice cream were examined and 82 (66) were declared satisfactory. Unsatisfactory service was considered the main reason for the six failures. The results of quality analysis showed that the 7 samples taken averaged 8.54% (9.47)% fat content and sugar at 18.73% (16.13%)

with total solids 37.87% (34%). The lowest fat content figure discovered was 6.1% (5.8%) and as the legal minimum remains at 5% the standard is satisfactory. 23 (29) ice lollies were sampled and all satisfied the appropriate test. It is interesting to note that there was only one unsatisfactory sample from 24 taken from retailers' vehicles and 5 unsatisfactory from 64 taken from retailers' shops. Only one sample was returned as Grade 4, the other 5 being in Grade 3.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

4,297 (4,466) inspections were carried out during the year despite considerable shortage of inspectors and apart from occasional black spots which inevitably turn up each year, conditions seem reasonable enough. There is a good liaison established with the catering trade generally throughout the City and in particular with the Domestic Bursars of colleges within the University. I think it can be said that the larger firms working in the food trade are particularly anxious to have a good hygienic record and do their best to fulfil requirements. On the other hand the smaller organisations employing only one or two persons sometimes fall below standard and need reminding of their responsibilities from time to time. There is still difficulty in the labour market associated with the food trade and this is the biggest headache faced by the larger employers of kitchen and bakery staff. An increasing number of immigrants are taking their place in the trade on general routine work and in general seem to do a satisfactory job with occasional exceptions. There was no major cause for concern by reason of outbreaks of infectious disease associated with City food premises.

(b) Inspection of Food Hawkers' Vehicles (Oxford Corporation Act, 1953)

106 (97) hawkers of food were licensed under the provision of the Oxford Corporation Act and 21 (22) stall holders operating food businesses at the Oxpens Open Market were also noted. They mainly sell fruit and vegetables, although one retailer of fish operates a regular weekly stall. 220 (192) inspections of these vehicles and stalls were carried out during the year.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	10	116
Butchers	66	548
Cake Shops	21	429
Confectioners	129	18
Dairies and Milk Depots	12	105
Fishmongers and Poulterers	13	273
Preparation and Service of Food	120	1,022
Fruiterers and Greengrocers	67	698
Grocers	209	939
Ice Cream Manufacturers	3	37
Miscellaneous (including Ice Cream Retailers)	—	1,988
Market Stalls, Hawkers, etc.	127	220
St. Giles' Fair Food Stalls	47	711
Visits *re* sampling	—	391
Public Houses and Social Clubs	173	210

(c) Hygiene, Education and Publicity

Lectures and demonstrations continue to be given on the subject of food hygiene and the handling of food in premises generally. 25 lectures were given by the Chief Inspector, 29 by the Deputy and 5 by Senior Inspector, J. Scott. There were 13 sets of visits arranged to premises for groups of students who attended the office for an introductory talk before being taken under the guidance of one or other of the inspectors to the premises concerned, Our illustrations and photographs in colour—food and other specimens, appliances, etc.—continue to be received with interest and it is gratifying to have considerable numbers of trainee nurses and other students giving attention to the subject of hygienic environment. Women's organisations and guilds, technical college students and domestic science classes still show considerable interest in our activities and close contact is maintained with the Oxford Consumer Group who are very much alive to the value of our work in the City.

(d) Hospital and College Hygiene

359 (371) visits were paid to colleges by staff during the year and 123 (71) were paid to hospital premises. Both colleges and hospitals are interested in our agreement scheme for the treatment against insect pests and considerable work continues to be done in this regard throughout the University and Hospital organisations. Pharaoh's Ants were not quite so troublesome in the hospitals during 1966, but there was a recurrence here and there of cockroach infestations, which are not a little resistant to treatment. Again stress has been laid on structural work with the eradication of nesting places and thorough structural repair carried out in addition to regular treatment over a period to ensure eventual clearance. There is close collaboration between the City Cleansing Staff and our own in connection with these premises throughout the City and there was no particular cause for concern in the disposal of refuse from any premises.

INTERIOR OF MODERN MOBILE SHOP

(iii) Meat Inspection

The two slaughter-houses were again re-licensed, that at Botley Road being controlled by the Oxford and District Co-operative Society Limited and the Eastwyke Farm premises being under the supervision of an old established Oxford family business. Hours of slaughter continued to operate as usual, with no week-end work or emergency inspection required. Only a little extra time was required at Christmas and Easter periods. The year proved a difficult one because of a shortage of 4 inspectors and the demands of the amended Meat Regulations which stress the need for "on the spot" inspections. With increasing need for other visits by fewer inspectors, the closer attention to meat inspection has embarrassed the general inspection system. At the end of the year serious thought was being given to the employment of authorised meat inspectors as full time officers, one at each slaughterhouse. With a minimum of supervision such authorised technical assistants should be able to cope adequately with meat inspection demands and ensure a constant close inspection of the whole throughput at each slaughterhouse. While some inspectors are loath to lose meat inspection duty, there is much to be said for the use of full-time assistants on meat inspection under present circumstances so that the more fully qualified officers are available for other work requiring particular attention.

Overtime at the Eastwyke slaughterhouse increased considerably over the previous year, there being 253$\frac{1}{4}$ (75$\frac{3}{4}$) hours, total charges being £53 3*s.* 1*d.* (£13 18*s.* 3*d.*) while at the Co-operative Society premises there were 74 (68$\frac{1}{2}$) hours with a charge of only £7 7*s.* 6*d* (£14 4*s.* 9*d.*). Eastwkye Farm overtime was mainly because of sporadic arrival of animals. A warning was issued regarding the persistent extension of slaughter into evening hours. There is once again need to stress the importance of plenty of cooling space for carcase hanging and the Eastwyke premises are still short of appropriate accommodation. It is hoped that further improvement of lairage and yard space will be achieved during the coming year as better road approach is being provided into lairage adjoining the slaughterhouse. We have had close co-operation once again from the Divisional Veterinary Officer and his staff and collaboration on practical meat inspection is growing in the light of the Ministry interest in the carrying out of more detailed requirements of the Regulations now in force. We are again indebted to the staff of the Public Health Laboratory Service at the Radcliffe Infirmary and Dr. Jebb has at all times been willing to assist with advice and guidance throughout the year. Deep freeze facilities still remain in use at the premises of the Wolvercote Deep Freeze Company, Messrs. Oliver and Gurden Limited and the Co-operative Society Limited. The small number of carcases found affected with Cysticercus Bovis are sent to one or other of these premises for refrigeration treatment.

A total of 39,996 animals (40,426) were slaughtered during the year just over 400 less than the previous year. The average kill per year during

the last ten years still shows an upward trend with a figure of 36,067 (35,786). Throughput was as follows:—

	Eastwyke	*Co-op*
Steers	1,425	823
Cows	361	341
Heifers	1,168	1,114
Calves	343	157
Sheep	13,772	6,746
Pigs	7,033	6,713
	24,102	15,894
Total		39,996

Cysticercus Bovis

5 (8) suspected cases of this tape worm infestation were found and treated during the year. This was even lower than before and is a welcome sign. 3 of the 5 cysts were viable and one other considered definite, although partly degenerated. One was somewhat too degenerated to be diagnosed with certainty. All cysts were found in masseter (cheek) muscles. Research work still continues in the field of this animal infestation and the Divisional Veterinary Officers concerned with the places of animal origin were informed in each case. It seems evident that association with sewage disposal and contamination of pastures adjoining streams and ditches is significant in respect of this condition.

"AWAY WITH WIPING CLOTHS"
NEW SPRAY TECHNIQUE

Cysticercus Bovis—Annual Record of Incidence

	No. of Cattle Inspected (excluding Calves)	*Suspected cases* (*i.e Number refrigerated*)	*Viable Cysticercus bovis*	*Degenerated Cysts*	*Others*
1956	4,602	27	7	20	
1957	4,267	40	20	Most of the remaining 20 were returned as Cysts in various stages of degeneration	
1958	4,263	29	16	11	
1959	3,977	15	10	5	
1960	4,786	19	15	2	2 granulomata
1961	5,584	15	8	4	3 granulomata
1962	5,887	11	3	2	4 granulomata 2 sarcosporidia
1963	6,171	13	8	4	(3 having cysts of a parasitic nature suggestive of Cysticercus bovis, 1 doubtful)
1964	6,773	19	13	4	(2 suggestive of Cysticercus bovis)
1965	5,616	8	6	2	(1 suggestive of Cysticercus bovis)
1966	5,232	5	3	2	(1 old parasitic granulomata)

Liver Fluke (Fascioliasis)

There was a considerable increase (the highest figure for over ten years) in the number of sheep livers found affected with flukes. This is possibly associated with a wet season in the previous year, so increasing activity of the snails associated with the condition. There was also a 2% increase in bovine livers affected, but unlike the figure for sheep, by no means the highest figure during the last ten years, the worst year for bovine infestation being 1959.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1957	6,310	548	8.66	11,042	29	0.26
1958	5,542	668	12.02	11,491	59	0.51
1959	4,993	1,176	23.55	19,066	641	3.36
1960	5,971	1,068	17.88	18,225	182	0.99
1961	5,584	936	16.41	21,498	336	1.56
1962	5,887	837	14.22	19,051	248	1.30
1963	6,171	795	12.88	17,664	230	1.30
1964	6,773	1,032	15.23	22,996	340	1.47
1965	5,616	766	13.64	19,525	333	1.70
1966	5,232	829	15.84	20,518	886	4.32

Tuberculosis

No bovine animal was found affected with tuberculosis during the year and in the case of pigs only 4 cases of presumptive tuberculosis were discovered. One was considered positive tuberculosis after laboratory investigation and in another a strain of myco-bacterium was isolated, but not confirmed thereafter. The percentage of pigs having presumptive infection reached only 0.03% as against 0.14% the previous year. It was not possible, despite some enquiry, to trace the animal found positive but it is gratifying that so few cases were found during the year. The following table shows the continuing downward trend during the last few years, 1966 being an all-time record in respect of the tuberculosis infection of animals slaughtered in the City:—

Percentage of Animals affected with Tuberculosis (Presumptive)

	Cattle	Cows	Calves	Pigs
1957	2.5	6.1	0.05	1.6
1958	1.8	4.4	—	1.4
1959	0.7	—	—	0.9
	(Adult Cattle)			
1960	0.07	0.01	—	1.34
1961	0.08	0.03	—	1.04
1962	0.05	—	—	0.55
1963	0.06	—	—	0.45
1964	—	—	—	0.28
1965	0.02	—	—	0.14
1966	—	—	—	0.03

Tuberculosis in Food Animals, 1966 (Presumptive)

Portions dealt with	Bovines	Pigs	Totals
Whole carcases	—	—	—
Part Carcases	—	—	—
Whole Offal	—	—	—
Part Offal	—	4	4
Totals	—	4	4

Inspections and Condemnations, 1966

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,530	702	500	20,518	13,746
Number inspected	4,530	702	500	20,518	13,746
All diseases except tuberculosis and cysticerci:					
Whole carcases condemned ..	—	—	4	4	6
Carcases of which some part or organ was condemned	1,054	232	3	1,111	1,467
Percentage of numbers inspected affected with diseases other than tuberculosis and cysticerci ..	23.26	33.05	0.60	5.41	10.67
Tuberculosis only: (Presumptive)					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	4
Percentage of numbers inspected affected with tuberculosis ..	—	—	—	—	0.03
Cysticerci:					
Carcases of which some part or organ was condemned	5	—	—	—	—
Carcases submitted to treatment by refrigeration	5	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Diseases other than Tuberculosis in Food Animals, 1966

	Carcase		*Offal*	
	Total	Partial	Total	Partial
Adult Cattle				
Johne's disease	—	—	—	—
Actinobacillosis (Mycosis)	—	—	—	8
Septicaemic conditions	—	—	—	6
Pneumonia and/or pleurisy	—	—	—	10
Peritonitis	—	—	—	12
Mastitis	—	—	—	3
Hepatic abscess	—	—	—	270
Fascioliasis (fluke)	—	—	—	829
Parasitic pneumonia	—	—	—	—
Echinococcosis	—	—	—	17
Cysticercosis (C. bovis) rejected	—	—	—	5
,, ,, refrigerated	5	—	—	5
Tumours	—	—	—	3
Bruising	—	3	—	1
Emaciation	—	—	—	—
Other conditions	—	5	—	122
Totals	5	8	—	1,291
Calves				
All septicaemic conditions	—	—	—	—
Joint-ill or navel-ill	1	—	1	—
Immaturity	1	—	1	—
Bruising	—	—	—	—
Other conditions	2	—	2	3
Totals	4	—	4	3
Pigs				
Swine erysipelas	—	—	—	1
All septicaemic conditions	4	—	2	—
Pneumonia and/or pleurisy	—	—	1	810
Pyaemia	—	—	—	4
Echinococcosis	—	—	—	2
Ascariasis (milk spot)	—	—	—	534
Bruising	—	1	1	—
Abscess	—	2	3	12
Arthritis	—	1	—	—
Other conditions	2	—	7	104
Totals	6	4	14	1,467
Sheep				
All septicaemic conditions	1	—	1	—
Fascioliasis (fluke)	—	—	—	886
Pneumonia and/or pleurisy	—	—	—	32
Parasitic pneumonia	—	—	—	2
Cysticercus Ovis	—	—	—	—
Echinococcosis	—	—	2	19
Bruising	—	1	—	—
Emaciation	1	—	1	—
Pyaemia	—	—	—	—
Arthritis	—	—	—	—
Other conditions	2	1	8	172
Totals	4	2	12	1,111

Unsound Meat

It is appropriate to mention that records of diseases found at the slaughterhouses are sent to the Ministry Statistical Headquarters in accordance with an agreement to take part in a National Statistical Survey of slaughtering activity. The diseases are in the categories required in the return table set out on the previous page.

Unsound and inedible meat or meat products are disposed of in accordance with the Regulations controlling disposal of such material. Vehicles properly marked and conveying the meat in approved containers are used for consigning the material to an official by-product plant. From time to time small amounts are permitted to be used for dog food at kennels, sterilisation of course being insisted upon, while certain lymph nodes and organs are officially collected for use in the production of special pharmacological products. No official seizures were necessary during the year. Once more appreciation is expressed of the availability of the Churchill Hospital Incinerator through courtesy of the Administrator and the Hospital Engineer.

(iv) Sampling of Food and Drugs

193 (199) samples of food and drugs were submitted during the year to the Public Analyst and 7 (12) only were returned as non-genuine. These were as follows:—

1. Mango Squash—a drink popular with West Indians—was found to contain 85 parts per million of sulphur dioxide together with 520 parts per million of benzoic acid, being a contravention of the Preservatives in Food Regulations. Prosecution was taken against two defendants, who were each fined £5.
2. Creamed Coconut—this was found to contain 15 parts per million of sulphur dioxide, contrary to the Preservatives in Food Regulations and the matter is still under correspondence.
3. Children's Blackcurrant Tonic—this showed only 1% of blackcurrant juice, not justifying the description on the label. After correspondence the firm concerned agreed to alter the label to include the word "flavour".
4. Cake mix—this had a highly descriptive container which was considered to be misleading. Correspondence is still taking place with the firm.
5. Minced Beef and Onion—was found to contain 39% of meat and was considered by the Public Analyst to be unsatisfactory because revised proposals of the Food Standards Committee recommend a minimum of 70% meat in such preparations. The manufacturers were advised accordingly.
6. Minced Steak and Onions—revealed 47% meat content only and on drawing the attention of the firm to the recommendations of the Food Standards Committee they agreed to accept 70% as the minimum meat content in future.

7. Steak and Kidney Pie—this was found to contain an average of 20% meat content being 5% less than the amount considered appropriate. Correspondence is still taking place with the manufacturers.

145 (106) complaints in all were received during the year regarding unsatisfactory food conditions and of these 60 (30) were reported to the Health Committee for consideration of statutory proceedings. 22 (11) prosecutions were authorised and 17 (17) warnings issued. The 22 prosecutions resulted in total fines of £628 (£310) and costs no less than £172 15*s*. 0*d*. (15 gns.) . Summaries of the cases are as follows:—

(1) Wood in Cream Sandwich Cake—fined £25 plus 5 guineas costs.

(2) Pig's Liver incorrectly labelled and sold as Lamb's Liver—fined £20 plus 10 guineas costs.

(3) Mouldy Pork Pies—fined £25 plus 5 guineas costs.

(4) Mouldy Sausage Roll—fined £25 plus 5 guineas costs.

(5) Metal in Ice Cream—fined £15 plus 5 guineas costs.

(6) Loaf of Bread containing Matchstick—fined £20 plus 10 guineas costs.

(7) Mouldy Yoghurt—fined £15 plus 20 guineas costs (3 other charges).

(8) Mouldy Smoked Cod Roe—fined £15 plus £21 costs.

(9) Mouldy Bread Rolls—fined £10 plus 20 guineas costs.

(10) Mouldy Chocolate Cake—fined £100 plus 10 guineas costs.

(11) Sour and Stale Cornish Pasty—fined £40 plus 10 guineas costs.

(12) Mouldy Patum Peperium (Gentlemen's Relish)—fined £20 plus 5 guineas costs.

(13) Bread Roll containing String—fined £20 plus £10 costs.

(14) Peanut Brittle containing Matchstick—fined £15 plus 5 guineas costs.

(15) Baked Beans containing Wasp—fined £20 plus 5 guineas costs.

(16) Chocolate Bar infested with Maggots—fined £25 plus 5 guineas costs.

(17) Mouldy Loaf—fined £10 plus 5 guineas costs.

(18) Flour infested with Weevils—fined £20 plus 10 guineas costs.

(19) Milk Contaminated with Cement—fined £20 plus 5 guineas costs.

(20) Steak and Kidney Pudding containing Blow Fly—fined £25 plus 5 guineas costs.

(21) Mango Squash (non-genuine food and drugs sample)—two defendants each fined £5.

(22) Dirty Cafe premises found as a result of a complaint of ants in a portion of Apple Crumble served as part of a meal at the premises

—fined a total of £130 which included £40 on the charge of selling Apple Crumble containing ants.

17 warnings were issued by the Health Committee involving the following items:—

Glass in butter.
Dark substance in bread.
Hard red substance in frozen faggots.
Metal in Cake.
Chicken Fritters with peculiar smell.
Mouldy Chocolate sponge cake.
Beetle in steak and kidney pie.
Mouldy loaf.
Mouldy cake.
Glass in Ice Lolly.
Wood in sausage roll.
Sausages containing blow fly.
Apple Turnover containing stone.
Sliced loaf containing hessian.
Iced bun containing fly.
Yoghurt containing beetle.
Foreign bodies in meringue and white loaf.

29 (19) of the 60 (30) unsatisfactory cases reported to Health Committee were concerned with the presence of foreign matter and of these 7 involved the presence of insects or maggots, two the presence of spent matches and 4 particles of glass, while there were 15 cases of mouldy food and 2 containing metal. The amount in fines and costs was very heavy and certainly the highest ever noted during the past 17 years in the City. I think it is all too evident that the public are not prepared to remain quiet when matters of this sort are discovered. Local Consumer Council activity associated with our hygiene talks and general publicity seems to stimulate complaints involving unsatisfactory foodstuffs. Mouldy conditions continued to excite much comment and retailers are still too prone to forget their responsibilities in the proper rotation of stock as well as the need to check on storage times and temperatures. Perishable foods must be properly handled, stored and disposed of within a reasonable time of their production if penalties are to be avoided. Weekends once again proved to be a common time for trouble. Monday mornings usually being the time for complaint.

Liquid Egg (Pasteurisation) Regulations, 1963

As reported last year there are no treatment plants in the district and no samples were taken from bakeries for examination by the Alpha Amylase test, but happily there have been no local reports of this material in food poisoning cases.

Samples taken for analysis during the year 1966.

Article	No. of samples obtained			Results of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Baking requisites ...	6	—	6	6	—
Beverages	1	—	1	1	—
Bread	1	—	1	1	—
Cakes and Puddings ...	17	—	17	17	—
Cereal	1	—	1	1	—
Cheese	4	—	4	4	—
Chewing gum	1	—	1	1	—
Chicken Products ...	3	—	3	3	—
Confectionery	6	—	6	5	1
Cream	5	—	5	5	—
Curries	4	—	4	4	—
Drugs and Vitamins ...	16	—	16	16	—
Fats	4	—	4	4	—
Fish	3	—	3	3	—
Flour S.R.	3	—	3	3	—
Fruit	9	—	9	9	—
Fruit—dried	4	—	4	4	—
Health foods	—	—	—	—	—
Ice cream	7	—	7	7	—
Juices—fruit	—	—	—	—	—
Meat and meat products	30	—	30	27	3
Milk (hot)	—	—	—	—	—
Milk	—	—	—	—	—
Preserves	10	—	10	10	—
Sauces and Spices ...	16	—	16	16	—
Sausages—beef ...	3	—	3	3	—
Sausages—pork ...	4	—	4	4	—
Soft drinks	12	1	13	10	3
Soups	2	—	2	2	—
Spirits	2	3	5	5	—
Spreads and pastes ...	11	—	11	11	—
Vegetable—tinned ...	—	—	—	—	—
Vegetable	—	—	—	—	—
Vinegar	—	—	—	—	—
	185	4	189	182	7

Local Consumer Group

This group continues to maintain a lively interest in local matters affecting consumption and use of goods. Collaboration between them, the Weights and Measures Department and our own gave rise to interesting comments from time to time. Surveys of food premises, checks on serving conditions and interest in the condition, weight, and quality of an assortment of retail goods formed a large part of the activity of the organisation and there is no doubt that they provoked an increasing interest in consumer goods generally.

Bacteriological Investigations—Public Health Laboratory Service

The number of samples submitted for examination at the Laboratory was reduced following the completion of our Catering Establishment Survey which involved several hundred premises during 1965. Nevertheless good use was made of the facilities and the Department is indebted to

Dr. Jebb and his staff for the service provided. The following samples were submitted during the year:—

Ice Cream	88
Fresh Cream	15
Ice Lollies	23
Canned Food	4
Meats	5
Meat Inspection samples (Lymph Nodes, Organs, etc.)	2
Faeces	3
Swimming Bath Samples	59
Drinking Water Samples	—
Urine	—
Catering Establishments—Kitchen Utensils	30
Synthetic Cream	—
Ball Gum Machines	—
Shellfish	3
	242

Ice cream samples were on the whole very good with only 6 proving unsatisfactory, 5 in grade 3 and 1 only in grade 4. There were 7 unsatisfactory samples of cream out of 15 submitted and these were all untreated supplies, which points to the need for appropriate heat treatment to ensure freedom from risk. There was no trouble with ice lollies and little need for meat inspection sample examination. A fair number of swimming bath samples were submitted, but in this field one wonders whether bacteriological samples are useful guides when chlorination and filtration is being properly carried out at the swimming baths concerned. Unless a number of samples are taken over the whole bath area there seems little point in trying to assess the condition of the water by odd samples, except where chlorination levels are low and unsatisfactory. Where chlorination is adequate with a satisfactory margin of free chlorine available, there seems little likelihood of serious bacteriological difficulties. With the growth of interest in school swimming pools a special conference of those concerned was held during the year so that routine testing and supervision of hygiene could be arranged at all school swimming pools. Opportunity was also taken to impress the Education Department staff of the availability of Public Health Inspectors for advice or assistance as necessary. Throughout the summer season, samples were taken from the treatment pools at the Nuffield Orthopaedic Centre and it is gratifying to record that conditions were good throughout the year.

Merchandise Marks Act

576 (323) visits concerning the marking and display of food were made to various premises throughout the City including the Covered and

Open Markets. In general, marking is reasonable and apart from seasonal lapses in respect of tomatoes, apples, etc., there was little to worry about.

Foodstuffs Surrendered for Destruction

Commodity	Weight in lbs.	
Cheese	308¼	
Coffee	336	
Confectionery	252	
Eggs	—	
Fats	11	
Fish	618	
Flour	308½	
Fruit	102	
Meat	4,003½	
Sausages (beef)	14	
Sausages (pork)	22½	
Sugar	46	
Tea	½	
Vegetables	1,064¾	
		7,087
Canned:—		
Meat	1,417¼	
Fruit	1,413	
Vegetables	1,617¾	
Fish	126½	
Milk	263	
Jam	34¾	
Soup	286	
Miscellaneous	729¼	
		6,987½
Frozen goods	2,358¼	
		2,358¼
		16,432¾

There was again a considerable reduction in the amount of food surrendered and this is always something to be pleased about for it means less wastage and probably points to better control over the operation of refrigerated storage containers. There has been in the past considerable loss of food because of inattention to the details of proper control of refrigerated storage and while there may be occasional break-down which is unavoidable, there is considerable need for constant supervision of these appliances. Regular and proper de-frosting routine must be carried out with proper turnover of stock to ensure that material does not constantly languish at the bottom of the container. The City Cleansing Department again proved most helpful in the disposal of material at the City tips and it is a pleasure to commend that Department for excellent standard achieved in efficient tipping routine.

Fertilisers and Feeding Stuffs

12 (7) samples were taken under the powers of the Fertilisers and Feeding Stuffs Act, 8 (5) consisting of fertilisers and 4 (2) feeding stuffs. All samples proved satisfactory.

(v) Markets

There was a reduction in the number of food stalls operating at the Covered Market and it is pleasing to record the improved standard achieved. Alterations are expected in the near future involving a roadway for off-loading along the side of the Market from Market Street, while attention is being given to the requirements of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, insofar as they may affect the stalls and facilities at both the Covered and Open Markets.

Covered Market—	
Butchers	10
Fishmongers and Poulterers	5
Fruiterers and Greengrocers	8
Grocers	4
Restaurants	3
Cake and Confectionery	5
Cooked Meats	1
	36
Open Market—	
Fruiterers and Greengrocers	9
Confectioners	4
Biscuit and Cake Stalls	4
Grocers	2
Ice Cream Dealers	1
Fishmongers	1
	21